Draft for Public Comment – April 2013

Child Care and Development Fund (CCDF) Plan

For

State/Territory: Georgia

FFY 2014-2015

This Plan describes the CCDF program to be administered by the State/Territory for the period 10/1/2013 – 9/30/2015. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions printed herein of applicable laws and regulations are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Form ACF-118 Approved OMB Number expires

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PART 1

ADMINISTRATION

This section provides information on how the CCDF program is administered, including the designated Lead Agency, funding information, the administrative structure, program integrity and accountability policies and strategies, coordination efforts, and emergency preparedness plans and procedures.

1.1 Contact Information

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1.1 Who is the Lead Agency designated to administer the CCDF program?
Identify the Lead Agency and Lead Agency's Chief Executive Officer designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals and disallowance notifications to the designated contact identified here. (658D(a), §98.10)

> Name of Lead Agency: Georgia Department of Early Care and Learning
> Address of Lead Agency: 2 Martin Luther King Jr. Dr., SE, Suite 754, East Tower, Atlanta, GA 30334
> Name and Title of the Lead Agency's Chief Executive Officer: Bobby Cagle, MSW
> Phone Number: 404-656-5957
> Fax Number: 404-651-7184
> E-Mail Address: Bobby.Cagle@decal.ga.gov
> Web Address for Lead Agency (if any): www.decal.ga.gov

1.1.2. Who is the CCDF administrator?
Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. **If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information. (§§98.16(a) and (c)(1))**

> a) **Contact Information for CCDF Administrator:**
> Name of CCDF Administrator: Carol Hartman
> Title of CCDF Administrator: Assistant Commissioner for Programs
> Address of CCDF Administrator: 2 Martin Luther King Jr. Dr., SE, Suite 670, East Tower, Atlanta, GA 30334

Phone Number: 404-463-3571
Fax Number: 404-651-7184
E-Mail Address: Carol.Hartman@decal.ga.gov
Phone Number for CCDF program information (for the public) (if any):
404-656-5957
Web Address for CCDF program (for the public) (if any):
http://dfcs.dhr.ga.gov/caps and https://compass.ga.gov/selfservice/
Web address for CCDF program policy manual: (if any):
www.odis.dhr.state.ga.us
Web address for CCDF program administrative rules: (if any):
www.odis.dhr.state.ga.us

b) Contact Information for CCDF Co-Administrator (if applicable):
Name of CCDF Co-Administrator: N/A
Title of CCDF Co-Administrator:
Address of CCDF Co-Administrator:
Phone Number:
Fax Number:
E-Mail Address:
Description of the role of the Co-Administrator:

1.2 Estimated Funding

1.2.1. What is your expected level of funding for the first year of the FY 2014 – FY 2015 plan period?

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2013 through September 30, 2014. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): $187,348,787
Federal TANF Transfer to CCDF: $0.00
Direct Federal TANF Spending on Child Care: $0.00
State CCDF Maintenance-of-Effort Funds: $22,182,651.00
State Matching Funds: $39,820,413.00

Reminder – Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2014 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2. Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)?

Check all that apply. Territories not required to meet CCDF Matching and MOE requirements should mark ☐ N/A here.

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Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

☒ Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.

If checked, identify source of funds: <u>State General Funds</u>
If known, identify the estimated amount of public funds the Lead Agency will receive: $34,269,914

☐ Private donated funds to meet the CCDF Matching Funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))
If checked, are those funds:

☐ donated directly to the State?
☐ donated to a separate entity(ies) designated to receive private donated funds?

If checked, identify the number of entities designated to receive private donated funds and provide name, address, contact, and type

If known, identify the estimated amount of private donated funds the Lead Agency will receive: $ <u>N/A</u>

☐ State expenditures for pre-k programs to meet the CCDF Matching Funds requirement. If checked,

Provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%): <u>Approximately 15%</u>

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

DECAL administers Georgia's Pre-K Progam, regulates child care programs, administers the Child and Adult Care Food Program and the Summer Food Service Program, oversees subsidized child care services, and houses the Head Start State Collaboration Office. DECAL has access to data gathered from each program and has implemented processes for database comparisons at the child level to ensure that payments do not overlap for children who attend Georgia's Pre-K Program and who receive subsidies. Subsidies are used for before and after school care and holiday care when Georgia's Pre-K Program services are not offered. Additional system edit checks and provider data monitoring routines are being implemented to improve the integrity of the provider data.

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement: $ <u>5,975,000</u>

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

Georgia's Pre-K Program is voluntary and funded 100% by state lottery funds. Georgia's Pre-K classes are offered in private child care learning centers and public schools in order to give working families choices that meet their needs when younger or older siblings are in the family. Georgia's Pre-K Program ensures parental access and offers extended day and holiday care services for working families of eligible children to allow these students to attend Georgia's Pre-K Program for the 180 day, 6.5 hour Georgia's Pre-K instructional day. Approximately 59% of the children enrolled in Georgia's Pre-K Program qualify for one or more public assistance programs.

☒ State expenditures for pre-k programs to meet the CCDF Maintenance of Effort (MOE) requirements. If checked,

☒ The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.53(h)(1). Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%): 10%

If percentage is more than 10% of the MOE requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care: N/A

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement: $2,218,265

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

Georgia's Pre-K Program ensures a quality education for 6.5 hours per day for a 180-day school year. Georgia's Pre-K Program offers parent support workshops that include topics that support the needs of working families. The workshops and information sessions are offered at various times to allow families choices that meet their schedules. Many of these workshops are offered during lunch and at night. Many Pre-K programs support working families by using alternate forms of communication via email, webinars, and newsletters. Georgia's Pre-K Program also provides families with resources to inform them of ways they can work with their children while they are home using the Lead Agency's website and the Georgia Early Learning and Development Standards.

1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2014 - 2015.
In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to

the Lead Agency's overall goal of improving the quality of child care for low-income children.

Activity	Estimated Amount of CCDF Quality Funds (check which targeted funds will be used, if any)	Purpose	Projected Impact and Anticipated Results (if possible)
Inclusion Network	$322,500.00 Check if targeted funds for this activity: ☐ Infant/Toddler Targeted Funds ☒ School-Age/Child Care Resource and Referral Targeted Funds ☐ Quality Expansion	a) Lead statewide coordination efforts among IDEA Parts C and B and other state service providers. b) Mentor and monitor the network of inclusion coordinators. Inclusion coordinators provide training and targeted technical assistance to providers on ways they can serve more children with disabilities and other special needs. c) Support providers with professional development and targeted technical assistance enabling them to include more children with disabilities and other special needs in their programs.	a) The Inclusion Manager represents child care as a member of the Part C Statewide Interagency Coordinating Council. The Inclusion Manager chairs an ongoing leadership team composed of representatives from IDEA Parts C and B and other state partners to increase collaboration and communication to ensure coordinated inclusion efforts. b) A minimum of 240 professional development training opportunities will be provided across the state; 80% of the participants will demonstrate increased knowledge based on pre- and post-tests. A minimum of 350 providers will receive targeted technical assistance to improve the quality of inclusion opportunities and to increase the number of inclusion options.

Activity	Estimated Amount of CCDF Quality Funds (check which targeted funds will be used, if any)	Purpose	Projected Impact and Anticipated Results (if possible)
Georgia Program for Infant Toddler Care (GAPITC)	$4,278,720.00 Check if targeted funds for this activity: ☒ Infant/Toddler Targeted Funds ☐ School-Age/Child Care Resource and Referral Targeted Funds ☒ Quality Expansion	GAPITC will increase the knowledge of Georgia's early childhood educators in the principles of the Program for Infant and Toddler Care to improve quality.	Achieve measurable quality improvements using Infant Toddler Environment Rating Scale- Revised Provide technical assistance annually to over 80 programs serving infants and toddlers Deliver professional development seminars to early childhood educators • Hold a minimum of 12 seminars annually for 2,000 or more professionals • Deliver at least one seminar in Spanish for more than 100 participants Provide one professional development seminar in 2013 on infant and toddler health in partnership with Georgia Chapter of the American Academy of Pediatrics for 200 participants Launch online courses on GAPITC website Continue interactive website partnership with South Carolina and Virgina Continue infant toddler teacher mentor training program with 20 mentors across the state Launch two infant toddler model sites used for training videos Launch an Infant Toddler broadcast series or infant toddler training with cross state participation with South Carolina

Activity	Estimated Amount of CCDF Quality Funds (check which targeted funds will be used, if any)	Purpose	Projected Impact and Anticipated Results (if possible)
School-Age Care	$200,000 Check if targeted funds for this activity: ☐ Infant/Toddler Targeted Funds ☒ School-Age/Child Care Resource and Referral Targeted Funds ☐ Quality Expansion	Pilot Quality Rated in programs serving school age children.	Research the feasibility of using Quality Rated tools (Portfolio and School-Age Care Environment Rating Scale) in five pilot sites. Quality Rated will be revised, as needed, to include school-age care programs.
Resource and Referral Services	$9,721,380 Check if targeted funds for this activity: ☐ Infant/Toddler Targeted Funds ☒ School-Age/Child Care Resource and Referral Targeted Funds ☒ Quality Expansion	Provide parent referrals, inclusion services, and Quality Rated technical assistance and professional development	More than 700 programs will be served • Parent referrals • Professional Development • Technical Assistance
Professional Development System	$2,431,463.00 Check if targeted funds for this activity: ☐ Infant/Toddler Targeted Funds ☐ School-Age/Child Care Resource and Referral Targeted Funds ☒ Quality Expansion	Maintain and enhance Georgia Early Care and Education Professional Development System to support early childhood educators • Expand Professional Development Registry • Maintain Professional Development Registry	Expand Professional Development Registry Maintain trainer and training approval system SCHOLARSHIPS and INCENTIVES programs to encourage/ help early care and education professionals increase their credentials Better educated workforce

1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

Note: This question is to obtain information on whether the Lead Agency retains decision making responsibilities regarding the quality dollars at the State/Territory level or if funds are distributed to local entities

Does the State maintain decisions at the State level, or are funds distributed to locals that have some decisions on how funds are spent.

☒ No, the Lead Agency will not distribute any quality funds directly to local entities

☐ Yes, all quality funds will be distributed to local entities

☐ Yes, the Lead Agency will distribute a portion of quality funds directly to local entities. Estimated amount or percentage to be distributed to localities _____

☐ Other. Describe. _____

1.3. CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place.
The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

Strategies to ensure effective internal controls include, but are not limited to:
- Quarterly state CAPS unit case accuracy reviews
- Training (staff and child care providers) on program compliance rules, regulations, policies and procedures
- Field management meetings to follow-up on any identified issues
- State fiscal and program audits
- System reports, analysis, data comparisions, system edits, improved data integrity, and cross-referencing to other state data sources
- Community assessments
- Robust communication strategies that include a message of the day for policy/system improvements directed to staff and child care providers, provider newsletters and public web page communication
- Legal and ethical disclaimers on invoices, certificates of care authorization, and other documents where payments are reported, invoiced, and issued

DECAL currently contracts with the Georgia Department of Human Services (DHS) to provide CAPS program eligibility services through county Department of Family and Children Services offices. DHS also provides investigative services through the DHS Office of the Inspector General. Suspected intentional program violations are referred

for investigation, corrective actions, payment recoveries, or referrals for prosecution as appropriate.

Quarterly meetings are scheduled with the Benefits Recovery Unit of DHS to discuss claims, policy, procedures, training, and service improvement opportunities.

The state Department of Audits and Accounts (DOAA) conducts a financial audit and the federal single audit annually. Results of a five-year program audit were released in March 2013; the program reflected multiple findings for years prior to the change in the Lead Agency. The audit report will be used by DECAL to correct the identified program operation weaknesses listed in the audit findings.

1.3.2 Describe the processes the Lead Agency will use to monitor all sub-recipients.
Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient** and **vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

Strategies to ensure effective sub-recipient monitoring include, but are not limited to:

- Quarterly state CAPS unit case accuracy reviews
- Training (staff and child care providers) on program compliance rules, regulations, policies and procedures
- Field visits for financial and program compliance reviews
- State fiscal and program audits
- System reports, analysis, data comparisions, system edits, improved data integrity, and cross-referencing to other state data sources
- Legal and ethical disclaimers on invoices, certificates of care authorization, and other documents where payments are reported, invoiced, and issued
- Coordination and cooperation with other internal programs and public assistance programs administered by other state agencies to common recipients
- Soliciting involvement of the state Attorney General and/or the Georgia Bureau of Investigation upon discovery of suspected aggregious irregularities

DECAL is establishing a work unit specifically charged with the responsibilitiy of overseeing compliance and conducting audits of sub-recipients. Additionally, DECAL will continue to retain the services of external auditors to perform agreed upon procedures audits and/or financial audits of program recipients as deemed necessary to provide reasonable assurance for program compliance.

DECAL employs professional staff skilled in review of independent audit reports and knowledgeable about the requirements for sub-recipient monitoring. On site financial reviews and desk reviews are performed on randomly selected sub-recipients, specifically identified sub-recipients with performance issues, and/or specific groups of sub-recipients relative to the engagement provided.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart below.
Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to **areas identified through the Error Rate Review** process (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

Type of Activity	Identify Program Violations	Identify Administrative Error
Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program [CACFP], Food and Nutrition Service [FNS], Medicaid)	☒	☒
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System [PARIS])	☐	☐
Run system reports that flag errors (include types)	☒	☒
Review attendance or billing records	☒	☒
Audit provider records	☒	☐
Conduct quality control or quality assurance reviews	☒	☒
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	☒	☐
Conduct supervisory staff reviews	☒	☒
Conduct data mining to identify trends	☒	☒
Train staff on policy and/or audits	☒	☒
Other. Describe	☐	☐
None	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe
- Share and match data with CACFP and Georgia's Pre-K Program to identify program violations and inadvertent agency error
- Expand and employ system reports and conduct analysis to flag and investigate potential errors
- Conduct random and targeted reviews of attendance records

- Conduct field visits to audit records for financial and program compliance
- Conduct case accuracy reviews for quality assurance
- Participate in state fiscal and program audits
- Deliver policy, procedure, and best practices training to staff

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:
1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error?
Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and administrative error as defined in your State/Territory. **The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud (98.60(i)).**

Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount $75.00	☒	☒	☒
Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement). Describe <u>Georgia Bureau of Investigation (GBI), Attorney General</u>	☐	☒	☐
Recover through repayment plans	☒	☒	☒
Reduce payments in subsequent months	☒	☒	☒
Recover through State/Territory tax intercepts	☐	☐	☐
Recover through other means. Describe	☐	☐	☐
Establish a unit to investigate and collect improper payments. Describe composition of unit: The unit consists of three investigators and one supervisor under the Office of Inspector General who investigate clients and child care providers suspected of intentional program violations or fraud.	☐	☒	☐
Other. Describe	☐	☐	☐
None	☐	☐	☐

For any option the Lead Agency checked in the chart above other than none, please describe Recovery of benefits issued or payments made due to unintentional program violations, administrative error or intentional program violations are pursued. Repayment agreements may be established with clients and providers when the errors are due to unintentional program violations or administrative error if the amount

exceeds the $75 threshold. For overpayments issued to providers, funds are recouped from future payments.

For suspected intentional program violations or fraud, there are a variety of sanctions ranging from referral of the case to federal or state law enforcement for prosecution to disqualification from the CAPS program. There is no minimum dollar threshold for suspected intentional program violations or suspected fraud; recovery of the full amount is pursued.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

☐ None

☒ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified:

Clients may appeal their disqualification with the Office of State Administrative Hearings to have their case heard before an administrative judge. The judge will review the program policies and the documentation submitted by the client before rendering a decision.

☒ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified:

Providers may appeal their disqualification with the Office of State Administrative Hearings to have their case heard before an administrative judge. The judge will review the program policies and the documentation submitted by the provider before rendering a decision.

☒ Prosecute criminally

☐ Other. Describe.

1.3.6. Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below.

Territories not required to complete the Error Rate Review should mark ☐ N/A here.

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
On-going Staff Training	Adminstrative Error	The Childcare and Parent Services (CAPS) program has instituted refresher training classes for veteran child care staff and managers. These targeted trainings focus on issues found before and during the case record review, including specialized training on topics such as income calculations, child care eligibility determinations, and ongoing authorizations. Training will continue throughout the state during the current contract.	On-going

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
On-going Case Record Reviews	-Administrative Error -Unintentional Program Violation -Suspected Intentional Program Violation	The CAPS program will also continue to ensure that on-going training for new child care case managers and supervisors emphasizes issues found during the case audits, client eligibility determinations, authorizations, and claims.

The CAPS program staff has also revised the case accuracy review tool used by county supervisors and state level field program staff to review cases. The tool was revised in March 2009 to reflect eligibility errors as defined by the ACF throughout the federal Record Review. | On-going |
| Automation/System Edits and Enhanced Reports | -Administrative Error -Unintentional Program Violation -Suspected Intentional Program Violation | Automation System Edits and Enhancements | Oct. 1, 2014 |
| Program Policy Review and Revision | -Administrative Error - Unintentional Program Violation -Suspected Intentional Program Violation | | January 1, 2015 |

1.4. Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition*: Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the <u>development of the State or Territory CCDF Plan</u>. <u>At a minimum, Lead Agencies must consult with representatives of general purpose local governments.</u> (§§98.12(b), 98.14(a)(1))

1.4.1. Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity		Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
☒	**Representatives of general purpose local government (required)**

This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies. | Collaborative child care partners and agencies, child care providers, the state department of education, health and human service agencies, local county DFCS offices, and DFCS regional staff were notified via email that the Lead Agency (DECAL) was drafting the State Plan. DECAL asked partners responsible for specific parts of the Plan to submit their parts as soon as possible. |

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
	The draft of the 2014-2015 State Plan is posted on the DECAL website for easy access. A link was posted on the DECAL website for users to submit comments directly to the Lead Agency. Input and recommendations received from DFCS agencies and partners outside of government have been incorporated into the draft of the Plan when appropriate.
For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.	
☒ State/Territory agency responsible for public education This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	The Lead Agency is the state agency responsible for administering the statewide prekindergarten program. Input was solicited from the Georgia Department of Education, the Georgia Board of Regents, and the Technical College System of Georgia in developing the plan.
☒ State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	DECAL employs an Inclusion Manager to work with other state and local agencies to ensure that services are accessible to children ages birth to 18 who have disabilities and other special needs. This position facilitates a leadership team, composed of state partners, including representatives from agencies responsible for IDEA Parts C and B. The leadership team works to enhance communication and collaboration among service providers to ensure coordinated support to child care providers and others serving children with disabilities and other special needs.
☐ State/Territory agency responsible for licensing (if separate from the Lead Agency)	DECAL is the state agency responsible for licensing.
☒ State/Territory agency with the Head Start Collaboration grant	The Head Start State Collaboration Office and Head Start grantees were consulted in developing the Plan. DECAL houses the Head Start State Collaboration Office.
☒ Statewide Advisory Council authorized by the Head Start Act	The Lead Agency for the CCDF grant is also the Lead Agency for the Georgia State Advisory Council on Early Childhood Education and Care. Members of the Georgia State Advisory Council were consulted in developing the Plan.
☐ Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	
☒ State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The Lead Agency for the CCDF grant is also the Lead Agency for the Child and Adult Care Food Program (CACFP).
☒ State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	The Georgia Department of Public Health was consulted in developing the Plan.

	Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
☒	State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	The Georgia Department of Public Health was consulted in developing the Plan.
☒	State/Territory agency responsible for child welfare	DECAL requested pertinent information and assessed and evaluated goals from and holds progress meetings with DHS/DFCS.
☒	State/Territory liaison for military child care programs or other military child care representatives	DECAL requested information from the child care resource and referral agencies that coordinate services for military families.
☒	State/Territory agency responsible for employment services/workforce development	DECAL requested pertinent information andassessed and evaluated goals from and holds progress meetings with DHS/DFCS and the TANF program.
☒	State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	DECAL requested pertinent information andassessed and evaluated goals from and holds progress meetings with DHS/DFCS and the TANF program.
☐	Indian Tribes/Tribal Organizations ☒ N/A: No such entities exist within the boundaries of the State	
☒	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	BUILD is providing technical assistance to the Lead Agency on Quality Rated and information from this technical assistance is used in the Plan. Similarly, information from the Strengthening Families framework is included in the Plan. Representatives from these organizations were consulted in developing the Plan.
☒	Provider groups, associations or labor organizations	The Parent/Provider Advisory Council, professional organizations, and provider associations were notified that the State Plan was being developed and were invited to submit comments and attend public hearings.
☒	Parent groups or organizations	The Parent/Provider Advisory Council was notified that the State Plan was being developed and was invited to submit comments and attend public hearings.
☒	Local community organizations (child care resource and referral, Red Cross)	Georgia's child care resource and referral agencies were notified that the State Plan was being developed and were invited to submit comments and attend public hearings.
☐	Other	

1.4.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c))

At a minimum, the description should include:

   a) Date(s) of notice of public hearing:

1st Hearing on April 9th; notice posted on March 21, 2013
2nd Hearing on April 13th ; notice posted on March 21, 2013
3rd Hearing on April 16th; notice posted on March 19 and April 2, 2013
4th Hearing on April 18th; notice posted on March 29, 2013
5th Hearing on April 30th; notice posted between April 4 and April 10, 2013
6th Hearing on May 7th; notice posted onApril 18, 2013

Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing?

Public service announcements, Internet, newspaper, flyers, word of mouth, social media, through technical assistance specialists, information posted on the Parent Network, CCR&R websites, flyers distributed at training sessions, and e-mails

c) Date(s) of public hearing(s): April 9, 2013, April 13, 2013, April 16, 2013, April 18, 2013, April 30, 2013, and May 7, 2013

Reminder - Must be no earlier than nine months before effective date of Plan (October 1, 2013).

Hearing sites:

Wellstar Development Center, Allatoona Room
2000 South Park Pl.
Atlanta, GA 30339

Quality Care for Children
Druid Pointe
2751 Buford Hwy., St. 150
Atlanta, GA 30324

Savannah Technical College, Auditorium
190 Crossroads Pkwy.
Savannah, GA 31407

Quality Care for Children
3706 Atlanta Hwy., St. 1
Athens, GA, 30606

United Way Bldg.
Juanita Jordan Room
277 MLK, Jr. Blvd.
Macon, GA 31201

Dougherty County Gov. Bldg., Room 100

222 Pine Ave.
Albany, GA 31701

d) How was the content of the Plan made available to the public in advance of the public hearing(s)?

Internet – A DECAL website link to the draft plan was included in all public hearing notices.

e) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan?

Comments from the public hearings and from e-mails will be reviewed and considered before the draft becomes final.

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing.
For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

Hearings are scheduled at multiple locations around the state in the evenings to make attendance more convenient for families and providers. One hearing is being conducted on a Saturday. Spanish translation services are being provided.

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Definition - *Coordination* involves child care and early childhood and school-age development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

Note: Descriptions of how governments are organized for each State are provided at: http://www2.census.gov/govs/cog/all_ind_st_descr.pdf.

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe results expected from the coordination Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
☒ Representatives of general purpose local government **(required)** This may include, but is not limited to: representatives from counties and municipalities, local education representatives, or local public health agencies.	The Lead Agency administers Georgia's Pre-K Program, which is offered in public schools, private child care learning centers, Head Start centeers, military child care centers, and technical laboratory centers.	Increased number of CCDF-eligible children served in wraparound care and receive full day services for one full year.
☒ State/Territory agency responsible for public education (**required)** This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.	The Lead Agency administers Georgia's Pre-K Program, which is offered in public schools, private child care learning centers, Head Start centeers, military child care centers, and technical laboratory centers.	Increased number of CCDF-eligible children served in wraparound care and receive full day services for one full year. Increased number of CCDF-eligible children who receive high quality Pre-K services.
☒ Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services (**required**)	The DHS Afterschool Services program provides funding to community-based organizations and schools throughout Georgia to provide after-school programs to eligible children. The DHS Afterschool Services program, in collaboration with the Lead Agency/ State Child Care Unit, established a referral process through local county DFCS offices that provides eligible families access to participating after-school and summer programs.	This collaboration is expected to expand services available to school-age youth, after school, and summer progams offering services to youth, ages 6-19 years.
☒ State/Territory agency responsible for public health (**required**) This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health	The subgrantee and the Department of Public Health are members of the State Advisory Council whose mission is to coordinate services to children, including immunizations and children's social and emotional health.	One of the State Advisory Council's goals is to develop and implement a comprehensive plan with a "road map" for improving Georgia's early childhood system. The comprehensive plan will address certain areas of child health.
☒ State/Territory agency responsible for employment services / workforce development (**required**)	Coordination between the DHS Unit responsible for TANF/Employment Services and the Childcare and Parent Services program is ongoing. The Lead Agency's Child Care Unit and the subgrantee's TANF Unit work together to provide TANF customers	This collaboration is expected to yield affordable child care services for TANF customers who need child care to meet the TANF work participation requirements.

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe results expected from the coordination. Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
	access to seamless child care services to support state approved work, education, and training activities. TANF customers who need child care to comply with their personal work plans receive priority.	
☒ State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) including local human service agencies(**required**)	Coordination between the DHS Unit responsible for TANF/Employment Services and the Childcare and Parent Services program is ongoing. The Lead Agency's Child Care Unit and the subgrantee's TANF Unit work together to provide TANF customers access to seamless child care services to support state approved work, education, and training activities. TANF customers who need child care to comply with their personal work plans receive priority.	This collaboration is expected to yield affordable child care services for TANF customers who need child care to meet the TANF work participation requirements.
☐ Indian Tribes/Tribal Organizations **(required)** ☒ N/A: No such entities exist within the boundaries of the State		
For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery		
☒ State/Territory agency with the Head Start Collaboration grant	The Lead Agency houses the CCDF and the Head Start State Collaboration Office which expedites regular communication about Head Start requirements, updates, and policy issues to improve coordinated services for children in Head Start programs.	Improved and aligned eligibility policies, braided funding, and resources shared across agencies maximize the number of children receiving services. Head Start data will be incorporated in the cross-agency longitudinal data system.
☐ State/Territory agency responsible for Race to the Top – Early Learning Challenge (RTT-ELC) ☒ N/A: State/Territory does not participate in RTT-ELC		
☒ State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The Lead Agency administers the CCDF and the CACFP. The two programs collaborate to allow informal providers (kith,	Nutritious meals are available to children in subsidized care with informal providers.

Agency/Entity (check all that apply)		Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe results expected from the coordination Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
		kin ,and neighbor care) to participate in CACFP.	
☒	State/Territory agency responsible for programs for children with special needs This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs	Babies Can't Wait (BCW) is Georgia's statewide interagency service delivery system for infants and toddlers with developmental delays or disabilities and their families. BCW is established by Part C of the Individuals with Disabilities Education Act, which guarantees all eligible children, regardless of their disability, access to services that will enhance their development.	The Lead Agency and the subgrantee partners with BCW to ensure that families have access to the services needed to enhance their child's development and that training is available to ensure that professionals who work with children and families have up-to-date information.
☒	State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	The Lead Agency collaborates with the Department of Public Health and the Governor's Office for Children and Families to share resources.	Public health nurses and home visitors will receive professional development on the revised Georgia Early Learning and Development Standards so that various agencies serving young children use the same standards.
☒	State/Territory agency responsible for child welfare	The Lead Agency collaborates with the Division of Family and Children Services to create policies that will support placements for children in State custody and ensure that those who need protective services receive priority.	Children in protective services or in the custody of the State will receive priority subsidized child care services.
☒	State/Territory liaison for military child care programs or other military child care representatives	Georgia's Pre-K Program collaborates with military facilities to provide Pre-K services on military bases throughout the state.	This provides additional parent choice and accessibility cutting down on costs for families who live and work on military bases.
☒	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	BUILD is providing technical assistance to Georgia on the Quality Rated program; this technical assistance is used in the State Plan. Similarly, the Strengthening Families framework is included in Quality Rated standards. Georgia is supporting consistent use of standards in early education settings.	The use of Strengthening Families framework and BUILD technical assistance supports the work of Quality Rated and enhances the impact on families and children with higher quality child care and the use of consistent standards.
☒	Local community organizations (child care resource and referral, Red Cross)	Child care resource and referral agencies provide training, technical assistance, and inclusion services to improve access to quality child	Increased access to training, technical assistance, and referral services.

Agency/Entity (check all that apply)		Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe results expected from the coordination Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.
		care in local communities. One CCR&R operates the 1-877-ALL-GA KIDS referral center.	
☐	Provider groups, associations or labor organizations		
☐	Parent groups or organizations		
☒	Other: Race to the Top CLASS Professional Development System Longitudinal Data System	The Lead Agency collaborates with the Georgia Department of Education to use Race to the Top funding awarded to Georgia.	Other: Race to the Top

CLASS Professional Development System

Longitudinal Data System

The Lead Agency collaborates withthe Georgia Department of

Education to use Race to the Top funding awarded to Georgia. The CLASS Professional Development research study conducted with funding from Race to the Top will conclude in the 2014-2015 school year and will use the data results to determine next steps in offering CLASS related professional development. This collaboration has provided insight into how well teachers learn and transfer knowledge from professional development to their classroom practices.

Through the funding available from Race to the Top, the Lead Agency and the Georgia Department of Education have collaborated to develop a cross agency Longitudinal Data System. This system allows a central data collection and distribution point. |

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan?
Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

> ☒ Yes. If yes,
>> a) Provide the name of the entity responsible for the coordination plan(s): Georgia State Advisory Council on Early Childhood Education and Care, which is now part of the Georgia's Children's Cabinet

b) Describe the age groups addressed by the plan(s): Birth - Five
c) Indicate whether this entity also operates as the State Advisory Council (as authorized under the Head Start Act of 2007):
  ☒ Yes
  ☐ No
d) Provide a web address for the plan(s), if available:

  Under development
☐ No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs?
(658D(b)(1)(D), §98.14(a)(1))
Check which entity(ies), if any, the State/Territory has chosen to designate.

☐ State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.
  If yes, describe entity, age groups and the role of the Lead Agency
☒ State Advisory Council (as described under the Head Start Act of 2007).
  If yes, describe entity, age groups and the role of the Lead Agency

The Georgia State Advisory Council on Early Childhood Education and Care (Council) was created in September 2009 by an executive order from then Governor Sonny Perdue. The Lead Agency was designated to be the fiscal/lead agency for the Council, and personnel from the Lead Agency sit on the Council. The focus of the Council's work is on coordinating services for Georgia's children from birth to age five.

In April 2011, Governor Nathan Deal issued a second executive order continuing the Council, reappointing most of the previous Council members while naming some new members. In fall 2012 the Council merged with the First Lady's Children's Cabinet to become Georgia's Children's Cabinet. The Council is composed of 32 members and is co-chaired by Georgia First Lady Sandra Deal and the Executive Director of the Governor's Office for Children and Families.

☐ Local Coordination/Council
  If yes, describe entity, age groups and the role of the Lead Agency
☐ Other.
  Describe
☐ None

1.5.4. Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

☒　　Yes. If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership

Georgia continues to pursue creative approaches to involve the private sector in meeting child care needs. DECAL established a CAPS Task Force composed of parents, child care providers, government partners, advocates, professional organizations, and case managers from the state and county level. This diverse group of public and private partners will review current CAPS processes, procedures, and policies and recommend strategies to increase the availability, accessibility, and affordability of child care.

In addition, DECAL promotes public-private sector collaboration on child care issues and encourages partnerships by funding the statewide network of child care resource and referral (CCR&R) agencies. The CCR&Rs (www.gaccrra.org) expand partnerships through their outreach in the communities where they are located. Their outreach includes work site exhibits and presentations to educate and provide resources to help meet the child care needs of a company's employees. CCR&Rs schedule community advisory committee meetings where representatives from their region's corporate community provide advice, learn about resources, and offer other resources to support their communities.

Georgia's Pre-K Program operates through public- private partnerships. Georgia's Pre-K Program is offered free to all four-year-old children regardless of parental income. A variety of organizations provide Pre-K services, among them private non-profit and for-profit child care learning centers, public and private elementary schools, Head Start sites, military bases, and postsecondary vocational-technical institutions.

Georgia's voluntary quality rating and improvement system called Quality Rated, administered by the Lead Agency, relies heavily on funding from private sources. Quality Rated incentives and the program's public relations campaign are being funded using private foundation dollars. Quality Rated incentives are being procured and distributed by Georgia Family Connection Partnership. The Georgia Early Education Alliance for Ready Students (GEEARS) uses private dollars and corporate in kind to support the Quality Rated public relations campaign.

☐   No.

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-01) located on the Office of Child Care website at: http://www.acf.hhs.gov/programs/occ/resource/im-2011-01

Georgia's child care regulatory rules, monitored and enforced by DECAL, require child care programs to develop operational written policies that detail plans for handling emergencies including, but not limited to, severe weather, loss of electrical power or water, death, and serious injury.

Operational policies require child care programs to conduct drills for fire, tornadoes, and other emergency situations. Fire drills must be conducted and documented monthly and tornado drills documented and conducted every six months.

Child care programs must provide a copy of their policies and procedures to parents of enrolled children. In addition, child care programs must report within 24 hours any death, serious injury, fire, structural damage incident, or any event that requires children to be re-located to a designated area.

The subsidized child care program, CAPS, has policy provisions that allow for priority services for families who are victims of local emergencies.

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. <u>Check only ONE</u>.

☒ Planning. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

☐ Developed. A plan has been developed as of [<u>insert date</u>] and put into operation as of [<u>insert date</u>], if available. Provide a web address for this plan, if available:

☐ Other. Describe: This narrative defines the information requested under "Planning."

The lead agency is collaborating with other state agencies, private, not-for profit and disaster preparedness groups to formulate a plan to ensure that child care and early childhood programs are included in the planning, response, and recovery efforts.

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan.
Check which elements, if any, the Lead Agency includes in the plan.

☒ Planning for continuation of services to CCDF families
☒ Coordination with other State/Territory agencies and key partners
☐ Emergency preparedness regulatory requirements for child care providers
☒ Provision of temporary child care services after a disaster
☐ Restoring or rebuilding child care facilities and infrastructure after a disaster
☐ None

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PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

</div>

This section focuses on the child care assistance program. Lead Agencies are asked to describe their efforts to inform parents about the CCDF subsidy program and application policies and procedures, eligibility criteria, sliding fee scale, payment rate policies and procedures, and how Lead Agencies ensure continuity of care and parental choice of high quality settings for families.

2.1. Administration of the Program

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?
Identify the level at which the following CCDF program rules and policies are established.

- ☒ Eligibility rules and policies (e.g., income limits) are set by the:
    - ☒ State/Territory
    - ☐ Local entity. If checked, identify the type of policies the local entity(ies) can set
    - ☐ Other. Describe:
- ☒ Sliding fee scale is set by the:
    - ☒ State/Territory
    - ☐ Local entity. If checked, identify the type of policies the local entity(ies) can set
    - ☐ Other. Describe:
- ☒ Payment rates are set by the:
    - ☒ State/Territory
    - ☐ Local entity. If checked, identify the type of policies the local entity(ies) can set
    - ☐ Other. Describe:

2.1.2. How is the CCDF program operated in your State/Territory?
In the table below, identify which agency(ies) performs these CCDF services and activities.

Implementation of CCDF Services/Activities	Agency (Check all that apply)
Who determines eligibility? **Note:** If different for families receiving TANF	☐ CCDF Lead Agency ☐ TANF agency ☐ Other State/Territory agency. Describe. ☒ Local government agencies such as county welfare or social services departments

Implementation of CCDF Services/Activities	Agency (Check all that apply)
benefits and families not receiving TANF benefits, please describe: N/A	☐ Child care resource and referral agencies ☐ Community-based organizations ☐ Other. Describe.
Who assists parents in locating child care (consumer education)?	☒ CCDF Lead Agency ☐ TANF agency ☐ Other State/Territory agency. Describe. ☒ Local government agencies such as county welfare or social services departments ☒ Child care resource and referral agencies ☐ Community-based organizations ☒ Other. Describe. Georgia Parent Referral System (currently administered by one of the child care resource and referral agencies)
Who issues payments?	☐ CCDF Lead Agency ☐ TANF agency ☐ Other State/Territory agency. Describe. ☐ Local government agencies such as county welfare or social services departments ☐ Child care resource and referral agencies ☐ Community-based organizations ☒ Other. Describe. Private provider payment contractor
Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)	Payments are issued by the Lead Agency through a contract with a private management and payment service agency. Payments are transferred electronically to providers.
Other. List and describe:	

2.2. Family Outreach and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note -** For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a))
Check all agencies and strategies that will be used in your State/Territory.

☒ CCDF Lead Agency
☒ TANF offices
☒ Other government offices
☒ Child care resource and referral agencies
☐ Contractors
☒ Community-based organizations
☐ Public schools
☒ Internet (provide website): http://dfcs.dhs.georgia.gov/subsidized-child-care-assistance
☒ Promotional materials
☒ Community outreach meetings, workshops or other in-person meetings

☐ Radio and/or television
☒ Print media
☐ Other. Describe:

2.2.2. How can parents apply for CCDF services?
Check all application methods that your State/Territory has chosen to implement.

☒ In person interview or orientation
☒ By mail
☐ By Phone/Fax
☒ Through the Internet (provide website) www.compass.ga.gov
☐ By Email
☐ Through a State/Territory Agency
☐ Through an organization contracted by the State/Territory
☐ Other. Describe:

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices. about the quality of care provided by various providers in their communities.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices(658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

DECAL is mandated by state law to "promote consumer education to parents to help them select child care through the expansion of child care resource and referral agencies." DECAL administers Georgia's child care resource and referral system, which provides high quality, family-friendly consumer education and referrals; develops and maintains a computer database for collecting, analyzing, and reporting data; builds on and supports the system of early care and education, including school-age care; and develops local partnerships. Families obtain free referrals from the statewide Parent Referral Center by calling 1-877-ALL-GA-KIDS or accessing the website: http://www.qualitycareforchildren.org/.

In addition, the DECAL website provides a search engine for families to locate child care programs. Licensing studies, complaint investigations, and monitoring visit reports for each program are available on the DECAL website. Quality Rated status will be available July 1, 2013 on the DECAL website.

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.
For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

The following DECAL initiatives support child care programs to increase the likelihood that CCDF-served children receive higher quality care:

1) Georgia's Pre-K Program – Georgia's Pre-K Program is a lottery funded educational program for Georgia's four year olds to prepare children for Kindergarten. Fifty-nine percent (59%) of children in Pre-K are designated Category 1, which means they qualify for means-tested benefits. Georgia's Pre-K Program has been scored as higher quality and is located in all 159 Georgia counties by a variety of providers to support/increase parent choice and accessibility.

2) Quality Rated – Quality Rated, Georgia's tiered quality rating and improvement system, has several initiatives that support access to higher quality. Tiered reimbursement, which will be launched in July 2013, will offer a tiered bonus payment based on a program's gross billing. This bonus is in place to incentivize programs to recruit high needs children. In year two of tiered reimbursement, Georgia hopes to implement a parent bonus to help parents offset the co-pay amount, thereby helping them access programs with higher quality ratings. Quality Rated will launch a public relations campaign that will also provide parents with the information they need to make an informed decision about early care and education. Georgia's Quality Rated Cohort Model allowed DECAL to recruit and provide targeted technical assistance and professional development to large statewide providers serving subsidized children. These programs are on a pathway of continued quality improvement, and many are due to be rated in 2013. Almost 100% of Georgia's Head Start grantees, a leading non-profit organization, and the state's two largest for profit organizations are among the cohort partners. In April 2013, over 86,000 children are being served in programs working to become Quality Rated, and 13, 698 of those children are currently receiving child care through CAPS subsidies. These programs working to be Quality Rated are located in 128 out of 159 counties.

2.2.5. Describe how the Lead Agency promotes access to the CCDF subsidy program? Check the strategies implemented by your State/Territory.

☒ Provide access to program office/workers such as:

☐
☐ Accepting applications at multiple office locations
☒ Providing a toll-free number for clients
☒ Email/online communication
☐ Other. Describe:
☒ Using a simplified eligibility determination process such as:

☒ Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
☐ Developing a single application for multiple programs
☒ Developing web-based and/or phone-based application procedures
☒ Coordinating eligibility policies across programs. List the program names: Georgia's Pre-K Program, CAPS, TANF
☐ Streamlining verification procedures, such as linking to other program data systems
☒ Providing information multi-lingually
☒ Including temporary periods of unemployment in eligibility criteria (job search, seasonal unemployment). Length of time eight weeks (Note: this period of unemployment should be included in the Lead Agency's definition of working, or job training/educational program at 2.3.3).
☐ Other. Describe:
☐ Other. Describe:
☐ None

2.2.6. Describe the Lead Agency's policies to promote continuity of care for children and stability for families.
Check the strategies, if any, that your State/Territory has chosen to implement.

☒ Provide CCDF assistance during periods of job search. Length of time

Existing clients (non-TANF) who experience job loss due to company closing or layoffs may receive child care services for a maximum of eight weeks per occurrence to conduct job search.

☐ Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

☐ Synchronize review date across programs. List programs:

☒ Longer eligibility re-determination periods (e.g., 1 year). Describe:

The recertification of client's current circumstances to determine eligibility and need for continued service is completed once within every 52 week period of a client's eligibility.

☐ Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs. Describe

☒ Extend periods of eligibility for school-age children under age 13 to cover the school year. Describe

Families with school age children under the age of 13 who meet eligibility requirements receive before and after school, holiday, and teacher work day care.

☐ Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

☒ Individualized case management to help families find and keep stable child care arrangements. Describe

Each active CAPS case is assigned to a specific child care case manager located in the region where the client resides. Case managers are equipped with resource information for local child care options that they can share with families.

☐ Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year

☐ Other. Describe

☐ None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency?
Check the strategies, if any, that your State/Territory has chosen to implement.

☒ Application in other languages (application document, brochures, provider notices)

☒ Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

☒ Website in non-English languages

☐ Lead Agency accepts applications at local community-based locations

☒ Bilingual caseworkers or translators available

☐ Outreach Worker

☒ Other: Parent Referral Center offers referrals and resources in non- English languages.

☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered

Paper and online applications and CAPS program brochures are available in Spanish. Bilingual case managers in the field speak a variety of languages including, but not limited to, Spanish, Japanese, and Korean. DHS' translation service offers translation for clients in over 60 languages. The Statewide Parent Referral Center offers translation in Spanish and provider materials in Spanish.

2.2.8. How will the Lead Agency overcome language barriers with providers?
Check the strategies, if any, that your State/Territory has chosen to implement.

☒ Informational materials in non-English languages

☒ Training and technical assistance in non-English languages

☐ CCDF health and safety requirements in non-English languages
☐ Provider contracts or agreements in non-English languages
☒ Website in non-English languages
☒ Bilingual caseworkers or translators available
☐ Other:
☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the languages offered

Informational materials, training, and technical assistance in Spanish. Bilingual case workers and translators are available in Spanish, Japanese, and Korean. DHS' translation service offers translation for clients in the following languages: Arabic, Armenian, Bengali, Bosnian, Cambodian, Chamorro, Simplified Chinese, Traditional Chinese, Croatian, Czech, Dutch, Farsi, French, German, Greek, Haitian Creole, Hindi, Hmong, Hungarian, Ilocano, Italian, Japanese, Korean, Laotian, Polish, Portuguese, Romanian, Russian, Serbian, Slovak, Spanish, Tagalog, Thai, Tongan, Ukranian, Urdu, Vietnamese and Yiddish

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))
Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available

See Appendix 3 for a copy of the parent application.

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, <u>only the citizenship and immigration status of the child</u>, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing *in loco parentis*, or other household members have not provided information regarding their immigration status.

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
☒ Applicant identity	• Government issued driver's license/ID card • ID for health benefits or another assistance or social services program • Voter registration card • Wage stubs • Work or school ID • Documentation verifying identity via SUCCESS
☒ Household composition	Client statement is accepted for household composition unless deemed questionable.
☒ Applicant's relationship to the child	Birth Certificate Legal documents showing legal custody Applicant's statement of responsibility
☒ Child's information for	Birth certificate, social security card

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
determining eligibility (e.g., identity, age, etc.)	
☒ Work, Job Training or Educational Program	Progress reports, grades, written statement from registrar of program
☒ Income	Pay stubs or receipts for the most recent four weeks of earnings; W-2 Forms; Employer's wage records; Personal income ledger or tablet (e.g., self employment); Quarterly income tax returns; Annual income tax returns when presented in the January-March quarter; Letter/statement from employer; Documentation from other DFCS staff, such as the eligibility case manager; Form 809 or itemized statement completed by the employer
☐ Other. Describe	

2.2.10. Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

> ☒ Time limit for making eligibility determinations. Describe length of time: 30 calendar days
> ☒ Track and monitor the eligibility determination process
> ☐ Other. Describe
> ☐ None

2.2.11. Are the policies, strategies or processes provided in questions 2.2.1. through 2.1.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

> ☒ Yes. If yes, describe:

> Families receiving or applying for TANF are not required to pay a sliding fee scale. All other policies and processes remain the same.

> ☐ No.

2.2.12. Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE**: The TANF agency, not the CCDF Lead Agency, is responsible

for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:
State TANF Agency:
Georgia Department of Human Services

b) Provide the following definitions established by the TANF agency.
- *appropriate child care* –
Care that meets states licensing/minimum health and safety standards, is available and meets the needs of the family and child.

- *reasonable distance* –
Care that is within a 45-minute radius of the parents' home or work activity.

- *unsuitability of informal child care* –
Care that does not meet states minimum health and safety standards

- *affordable child care arrangements* –
Care in which the state participates at a minimum of 50% of the cost of care for the family and the provider accepts up to the maximum reimbursement rate.

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☒ In writing
☒ Verbally
☐ Other:

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

2.3.1. How does the Lead Agency define the following eligibility terms?

- *residing with* –
The person needing child care and the children for whom the care is requested live in the same household.

- *in loco parentis* –
Adult who has assumed responsibility for the care of a minor child.

2.3.2. Eligibility Criteria Based Upon Age

a) The Lead Agency serves children from <u>0</u> weeks to <u>12</u> years (may not equal or exceed age 13).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(*3*), §98.20(a)(1)(ii))

     ☒ Yes, and the upper age is <u>18 (may not equal or exceed age 19)</u> .
Provide the Lead Agency definition of *physical or mental incapacity* –

That which prevents, impairs, interferes with, or impedes life activities by placing limitations on an individual's ability to fully engage in skills, such as self-care, receptive and expressive language, learning, breathing, mobility, seeing, and self-direction. Children who meet the criteria for special needs may be subsidized up to age 18.

     ☐ No.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

     ☒ Yes, and the upper age is <u>18 (may not equal or exceed age 19)</u>
     ☐ No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder – Lead Agencies have the flexibility to include any work-related activities in its definition of working including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))

   1) working –
Work performed by the parent, guardian, or responsible person in exchange for federal minimum wages/salary. Employment is regular and predictable.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

☒ Yes. If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

Reminder – Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

1) *attending job training or educational program –*

Active participation in an education or training activity as defined by the agency/institution where the activity is offered. The application/client must make satisfactory progress as defined by the institution.

☐ No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☒ Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a narrative description below.

Reminder – Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are <u>not</u> working, or who are <u>not</u> in education/training activities for CCDF purposes these children are considered to be in <u>protective services</u> and should be included in this definition.

1) *protective services –*

Children who are under court ordered supervision. Critical Child Protective Services cases refer to situations where child care services are needed to avoid eminent risks to a child or children.

☐ No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Yes.

☐   No.

2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

1) *income* –

Monies gained from employment or from sources other than employment.

b) Which of the following sources of income, if any, will the Lead Agency exclude or deduct from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude or deduct, if any.

☒ Adoption subsidies
☒ Foster care payments
☐ Alimony received or paid
☐ Child support received
☒ Child support paid
☒ Federal nutrition programs
☒ Federal tax credits
☒ State/Territory tax credits
☒ Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance
☒ Medical expenses or health insurance related expenses
☐ Military housing or other allotment/bonuses
☒ Scholarships, education loans, grants, income from work study
☐ Social Security Income
☒ Supplemental Security Income (SSI)
☐ Veteran's benefits
☐ Unemployment Insurance
☒ Temporary Assistance for Needy Families (TANF)
☐ Worker Compensation
☐ Other types of income not listed above
☐ None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

☒ Children under age 18
☒ Children age 18 and over – still attending school
☒ Teen parents
☒ Unrelated members of household
☐ All members of household except for parents/legal guardians
☐ Other

☐ None

d) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month) [Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) $/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	$2,915	$2,477	$1,387	48%
2	$3,812	$3,240	$1,867	49%
3	$4,709	$4,003	$2,347	50%
4	$5,606	$4.765	$2,827	50%
5	$6,503	$5,528	$3,307	51%

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2013 poverty guidelines are available at http://aspe.hhs.gov/poverty/13poverty.cfm

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

☐ Yes. If yes, **provide** the requested information from the table in 2.3.5d and **describe**.
Note: This information can be included in a separate table, or by placing a "/" between the entry and exit levels in the above table.
☒ No.

f) SMI Year <u>2013</u> and SMI Source <u>Federal Register: May 12, 2012 (Vol 75, Number 91) Page 26780-26782</u>

g) These eligibility limits in column (c) became or will become effective on: <u>September 4, 2010</u>

2.3.6. Eligibility Re-determination

a) Does the State/Territory follow OCC's 12 month re-determination recommendation? (See Program Instruction on Continuity of Care http://www.acf.hhs.gov/programs/occ/resource/im2011-06
☒ Yes
☐ No. If no, what is the re-determination period in place for most families?

☐ 6 months
☐ 24 months
☐ Other. Describe
☐ Length of eligibility varies by county or other jurisdiction. Describe

b) **Does the Lead Agency coordinate or align re-determination periods with other programs?**

☐ Yes.
☒ No. If no, **check programs that the Lead Agency aligns eligibility periods with and describe the redetermination period for each.**
    ☐ Head Start and/or Early Head Start Programs. Re-determination period <u>Annually</u>
    ☐ Pre-kindergarten programs. Re-determination period <u>N/A</u>
    ☐ TANF. Re-determination period <u>Annually</u>
    ☐ SNAP. Re-determination period <u>Six months</u>
    ☐ Medicaid. Re-determination period <u>Six months</u>
    ☐ SCHIP. Re-determination period <u>Annually</u>
    ☐ Other. Describe

c) Describe under what circumstances, if any, a family's eligibility would be reviewed prior to redetermination. For example, regularly scheduled interim assessments, or a requirement for families to report changes.

Families are required to report within ten days any change that may affect their eligibility for services. This includes, but is not limited to, address changes, income changes, changes in the family unit, and employment changes.

d) Describe any action(s) the State/Territory would take in response to any change in a family's eligibility circumstances prior to re-determination.

The designated case manager will request the verification documents for the reported change and will determine if the family remains eligible for continued service.

e) Describe how these policies are implemented in a family-friendly manner that promotes access and continuity of care for children. (See Information Memorandum on Continuity of Care for examples http://www.acf.hhs.gov/programs/occ/resource/im2011-06).

These policies are implemented in a family friendly manner supporting the continuity of care by allowing families to submit requested documents in various ways. Additionally, changes must be acted upon by the State within ten days.

f) Does the Lead Agency use a simplified process at re-determination?

☐ Yes. If yes, describe
☒ No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

☒ Lead Agency currently does not have a waiting list and:
    ☒ All eligible families *who apply* will be served under State/Territory eligibility rules
    ☐ Not all eligible families *who apply* will be served under State/Territory eligibility rules
☐ Lead Agency has an active waiting list for:
    ☐ Any eligible family who applies when they cannot be served at the time of application
    ☐ Only certain eligible families. Describe those families:
☐ Waiting lists are a county/local decision. Describe
☐ Other. Describe

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations.

Hearings are conducted by the Office of State Administrative Hearings (OSAH) for the CAPS program and are granted to any applicant/client who makes a timely request. Applicants may challenge a decision about denial of services or the failure of the local county department to act upon his/her request with reasonable promptness. Clients may challenge decisions about denials, reductions, terminations, or other issues related to their subsidized child care case. A hearing request may be made orally or in writing to the county department or to OSAH. Oral requests must be followed with a written request within 15 calendar days.The applicant/client must request a hearing within 30 calendar days of the date on Form 62, Disposition and Parent Information; Form 111-C, Child Care Claim and Repayment Agreement; Form 113-C, Child Care Claims and Collection Notice.

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on <u>income and the size of the family</u> to be used in determining each family's contribution (i.e., co-payment) to the cost of child care (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1.
Will the attached sliding fee scale be used in <u>all</u> parts of the State/Territory?

☒ Yes. Effective Date 10-1-2007

☐ No. If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.1a, 2.4.1b**, etc.

See Appendix 3 for a copy of the Sliding Fee Scale.

2.4.2. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B))
Check only one option.

☒ State Median Income, Year: 2008
☐ Federal Poverty Level, Year:
☐ Income source and year varies by geographic region. Describe income source and year:
☐ Other. Describe income source and year:

2.4.3. How will the family's contribution be calculated and to whom will it be applied?
Check all that the Lead Agency has chosen to use. (§98.42(b))

☒ Fee is a dollar amount and
  ☐ Fee is per child with the same fee for each child
  ☐ Fee is per child and discounted fee for two or more children
  ☐ Fee is per child up to a maximum per family
  ☐ No additional fee charged after certain number of children
  ☒ Fee is per family
☐ Fee is a percent of income and
  ☐ Fee is per child with the same percentage applied for each child
  ☐ Fee is per child and discounted percentage applied for two or more children
  ☐ No additional percentage applied charged after certain number of children
  ☐ Fee is per family
☐ Contribution schedule varies by geographic area. Describe:
☐ Other. Describe

If the Lead Agency checked more than one of the options above, describe

2.4.4. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☒ Yes, and describe those additional factors:

The number of children receiving subsidized care is also used to calculate the amount of the family contribution.

☐ No.

2.4.5. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). **Select ONE of these options.**

Reminder – Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☐ NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee. The poverty level used by the Lead Agency for a family of 3 is: $

☒ SOME families with income <u>at or below the poverty level</u> for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families:

Children receiving care are in DFCS custody; TANF applicant/recipient who participates in an approved state activity; family whose income is less than $3,601.00; and a minor parent (under age 18) responsible for their children

2.5. Prioritizing Services for Eligible Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44)
Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act [IDEA]). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules
Children with special	☒ Priority over	☐ Yes. The time	☒ Different eligibility

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules
needs **Provide the Lead Agency definition of** *Children with Special Needs* A child under the age of eighteen with a documented physical, behavioral, or mental condition who is not capable of self care	other CCDF-eligible families ☐ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other. Describe	limit is: ☒ No	thresholds. Describe: A child under the age of eighteen with a documented physical, behavioral, or mental condition who is not capable of self care ☒ Higher rates for providers caring for children with special needs requiring additional care ☐ Prioritizes quality funds for providers serving these children ☐ Other. Describe
Children in families with very low incomes **Provide the Lead Agency definition of** *Children in Families with Very Low Incomes* Families who are eligible to receive TANF	☒ Priority over other CCDF-eligible families ☐ Same priority as other CCDF-eligible families ☐ Guaranteed subsidy eligibility ☐ Other. Describe	☐ Yes. The time limit is: ☒ No	☒ Different eligibility thresholds. Describe: Families who are eligible to receive TANF ☒ Waiving co-payments for families with incomes at or below the Federal Poverty Level ☐ Other. Describe

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Reminder: CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF.

☒ Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
☒ Waive fees (co-payments) for some or all TANF families who are below poverty level
☒ Coordinate with other entities (i.e., TANF office, other State/Territory agencies, and contractors)
☐ Other:

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b))
Reminder – Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Term(s)	Definition(s)
Grandparents Raising Grandchildren	Grandparents who are at least 60 or under 60 and receiving Social Security Insurance (SSI) or Retirement Survivors Disability Insurance (RSDI); Receiving any public assistance for the child, and raising grandchildren under the age of five
New children in existing CAPS cases	Families have an existing CAPS case and a child is added to the family unit
Children in the custody of the State of Georgia	Children in the custody of the State of Georgia
Minor Parents	Parents under the age of 21 who are attending middle school, high school, or GED classes full time
Families with critical Child Protective Services Cases	Cases where child care services determine there is eminent risk to a child
CAPS Natural Disaster Victims	Natural disasters as determined by the DECAL/CAPS state office

2.6. Parental Choice In Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receives or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A), §98.15(a)).

2.6.1. Child Care Certificates

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

☐ Before parent has selected a provider
☒ After parent has selected a provider
☐ Other. Describe

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

☐ Certificate form provides information about choice of providers
☐ Certificate is not linked to a specific provider so parents can choose provider of choice
☒ Consumer education materials (flyers, forms, brochures)
☒ Referral to child care resource and referral agencies
☒ Verbal communication at the time of application
☐ Public Services Announcement
☒ Agency Website: http://dfcs.dhr.georgia.gov/caps
☒ Community outreach meetings, workshops, other in person activities
☐ Multiple points of communication throughout the eligibility and renew process
☐ Other. Describe

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

☒ Authorized provider(s)
☒ Authorized payment rate(s)
☒ Authorized hours
☒ Co-payment amount
☒ Authorization period
☐ Other. Describe

d) What is the estimated proportion of services that will be available for child care services through certificates?
99.5%

2.6.2. Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **Note**: Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

☒ Yes. If yes, **describe** the type(s) of child care services available through grants or contracts, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

DECAL collaborates with public and private agencies to positively impact the lives of low-income families living in five communities in one of the largest urban counties in the state that have been severely impacted by the economic downturn. DECAL issued a

contract to a non-profit agency to purchase high quality child care for families participating in their employment/workforce training and asset building program. An annual proposal detailing goals and intended outcomes is required to assess continued funding for this project.

☐ No. If no, skip to 2.6.3.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

☒ Increase the supply of specific types of care
    ☐ Programs to serve children with special needs
    ☐ Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
    ☐ Programs to serve infant/toddler
    ☐ School-age programs
    ☐ Center-based providers
    ☐ Family child care providers
    ☐ Group-home providers
    ☒ Programs that serve specific geographic areas
        ☒ Urban
        ☐ Rural
    ☐ Other. Describe
☒ Support programs in providing higher quality services
☐ Support programs in providing comprehensive services
☒ Serve underserved families. Specify:

The lowest income families working to avoid utilizing public assistance. Additionally, families that face challenges related to a lack of job skills and mental health impairments.

☐ Other. Describe

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

☒ Yes.
☐ No, and **identify** the localities (political subdivisions) and services that are not offered:

d) How are payment rates for child care services provided through grants/contracts determined?

Payment rates for child care services provided through grants/contracts are based on the reimbursement rates used in the regular CCDF funded child care program.

e)What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

The estimated proportion of direct services available for child care services through grants/contracts is less than .05%.

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31)) **Check the strategies that will be implemented by your State/Territory.**

☐ Signed declaration
☐ Parent Application
☐ Parent Orientation
☒ Provider Agreement
☒ Provider Orientation
☒ Other. Describe:

State licensing and registration rules require unlimited access by parents to their children while in child care settings. Rules require that a sign be posted in a public place stating parents have access to all child care areas. Informal providers, who are not required to be licensed or registered, are also required to allow parents unlimited access to their children. DFCS notifies informal providers of this requirement during enrollment.

2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) **Will the Lead Agency limit the use of in-home care in any way?**

☐ No
☒ Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
　　☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
　　☒ Restricted based on provider meeting a minimum age requirement
　　☒ Restricted based on hours of care (care is authorized for nine hours per day)
　　☒ Restricted to care by relatives
　　☐ Restricted to care for children with special needs or medical condition
　　☒ Restricted to in-home providers that meet some basic health and safety requirements
　　☐ Other. Describe

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

DECAL maintains electronic records of substantiated parental complaints about providers and makes these available to the public on the website at: http://www.decal.ga.gov/ProviderSearch/SiteSearch.aspx?childcare=y&newsearch=y and upon request.

2.7. Payment Rates for Child Care Services

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

2.7.1 Attach a copy of your payment rates as Attachment 2.7.1.
Will the attached payment rates be used in all parts of the State/Territory?

☒ Yes. Effective Date: July 2006
☐ No. If no, attach other payment rates and their effective date(s) as
Attachment 2.7.1a, 2.7.1b, etc.

See Appendix 3 for a copy of the payment rates.

2.7.2. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

☐ Policy on length of time for making payments. Describe length of time
☒ Track and monitor the payment process
☒ Other. Describe

Contractual requirement with our provider of management and payment services states that payments must be made 7-10 business days after the receipt of a correct invoice.

☐ None

2.7.3. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2011). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02 http://www.acf.hhs.gov/programs/occ/resource/pi-2009-02 for more information on the MRS deadline).

   a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)):

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    b) Provide a **summary of the results** of the survey**.** The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

2.7.4. Describe the payment rate ceilings in relation to the current MRS using the tables below.

Because of the flexibility that Lead Agencies have in setting payment rate ceilings, the following tables have been developed to simplify Lead Agency reporting on how their payment rate ceilings compare to their most recent MRS. These tables are not meant to collect comprehensive payment rate ceilings within a State/Territory and ACF recognizes that Lead Agencies are not required to set their payment rate ceilings at the 75th percentile. These tables allow Lead Agencies to use a common metric – the 75th percentile – as a reference point against which the Lead Agency can report their percentiles for three selected age groups in two geographic areas for licensed child care centers and licensed family child care homes.

In table 2.7.4a and 2.7.4b, *highest rate area* refers to the State or Territory's area or geographic region with the highest maximum payment rate ceiling for child care centers (2.7.4a) and family child care homes (2.7.4b). Identify the highest rate area in the box provided. In column (a), provide the full-time monthly rate at the 75th percentile from the most recent MRS, even if the most recent MRS is not used to set rates. In column (b), provide the maximum monthly payment rate ceiling from your CCDF payment rate table. Complete column (c) ONLY IF the percentile for the monthly maximum payment rate ceiling is lower than the 75th percentile of the most recent MRS.

Note - Report the "base" maximum reimbursement rate ceiling, not including any rate add-ons or tiered reimbursements. For example, if maximum reimbursement rate ceilings are tiered based on level of quality (e.g., accreditation, or rating within a quality rating system such as gold, silver and bronze), report the rates for the lowest level in the tables below (e.g., bronze), **only** if there is no lower "base" rate paid for child care services by providers **not** participating in the quality rating system.

If your State/Territory has hourly, daily and/or weekly maximum payment rate ceiling, Lead Agencies can use the following assumptions to calculate monthly maximum payment rate ceiling for column (b) – 9 hours a day, 5 days per week, 4.33 weeks per month.

OCC recognizes that States and Territories use a wide variety of age ranges and categories in setting payment rate ceilings. In these charts, report rates for the following ages only – 11 months, 59 months, and 84 months of age – regardless of what that age category may be called in your State/Territory.

2.7.4a – Highest Rate Area (Centers) Zone 1	(a) Monthly Payment Rate at the 75th percentile from the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed Center Preschool (59 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed Center School-Age (84 months)	*Pending report*	*Pending report*	*Pending report*

2.7.4b – Lowest Rate Area (Centers) Zone 3	(a) Monthly Payment Rate at the 75th percentile of the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed Center Infants (11 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed Center Preschool (59 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed Center School-Age (84 months)	*Pending report*	*Pending report*	*Pending report*

In table 2.7.4c and 2.7.4d, *lowest rate area* refers to the State or Territory's area or geographic region with the lowest maximum payment rate ceiling for child care centers and family child care homes. Identify the lowest rate area in the box provided. In column (a), provide the full-time monthly rate at the 75th percentile from the most recent MRS, even if the most recent MRS is not used to set rates. In column (b), provide the maximum monthly payment rate ceiling from your CCDF payment rate table. Complete column (c) ONLY IF the percentile for the monthly maximum payment rate ceiling is lower than the 75th percentile of the most recent MRS.

Note: Report the "base" maximum reimbursement rate ceilings, not including any rate add-ons or tiered reimbursement. For example, if maximum reimbursement rate ceilings are tiered based on level of quality (e.g., accreditation, or rating within a quality

rating system such as gold, silver and bronze), report the rates for the lowest level in the tables below (e.g., bronze), **only** if there is no lower "base" rate paid for child care services by providers **not** participating in the quality rating system.

If your State/Territory has hourly, daily and/or weekly maximum payment rate ceiling, Lead Agencies can use the following assumptions to calculate monthly maximum payment rate ceiling for column (b) – 9 hours a day, 5 days per week, 4.33 weeks per month.

OCC recognizes that States and Territories use a wide variety of age ranges and categories in setting payment rate ceilings. In these charts, report rates for the following ages only – 11 months, 59 months, and 84 months of age – regardless of what that age category may be called in your State/Territory.

2.7.4c – Highest Rate Area (FCC) Zone 1	(a) Monthly Payment Rate at the 75th percentile of the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed FCC Preschool (59 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed FCC School-Age (84 months)	*Pending report*	*Pending report*	*Pending report*

2.7.4d – Lowest Rate Area (FCC)	(a) Monthly Payment Rate at the 75th percentile of the most recent MRS	(b) Monthly Maximum Payment Rate Ceiling	(c) Percentile if lower than 75th percentile of most recent survey
Full-Time Licensed FCC Infants (11 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed FCC Preschool (59 months)	*Pending report*	*Pending report*	*Pending report*
Full-Time Licensed FCC School-Age (84 months)	*Pending report*	*Pending report*	*Pending report*

2.7.5. How are payment rate ceilings for license-exempt providers set?

The payment rate ceilings in place for all providers were set using data from the 2005 Child Care Market Rate Survey. This survey indicated an adjustment to the state's reimbursement rates would allow families with limited income greater access to quality child care settings while reducing their individual payments to providers. The rates became effective July 3, 2006 for all providers.

a) Describe how license-exempt center payment rates are set:

The payment rate ceilings in place for all providers were set using data from the 2005 Child Care Market Rate Survey. This survey indicated an adjustment to the state's reimbursement rates would allow families with limited income greater access to quality child care settings while reducing their individual payments to providers. The rates became effective July 3, 2006 for all providers.

b) Describe how license-exempt family child care home payment rates are set:

The payment rate ceilings in place for all providers were set using data from the 2005 Child Care Market Rate Survey. This survey indicated an adjustment to the state's reimbursement rates would allow families with limited income greater access to quality child care settings while reducing their individual payments to providers. The rates became effective July 3, 2006 for all providers.

c) Describe how license-exempt group family child care home payment rates are set: <u>N/A</u>

d) Describe how in-home care payment rates are set: <u>N/A</u>

2.7.6 Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies?
Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates and amount and also indicate if the rates were set based on the MRS or another process.

☐ Differential rate for nontraditional hours. Describe
☒ Differential rate for children with special needs as defined by the State/Territory. Describe:

Reimbursement for children with special needs may be at higher rates.

☒ Differential rate for infants and toddlers. Describe:

Georgia has structured the reimbursements to providers so that care for infants and toddlers is reimbursed at the higher rates; for preschoolers at the moderate rates; and for school-age children at the lower rate.

☒ Differential rate for school-age programs. Describe:

Rates are lower for school-age children.

☒ Differential rate for higher quality as defined by the State/Territory. Describe:

Beginning July 1,2013, the CAPS program will institute a tiered reimbursement bonus structure for child care programs who have received a one star, two star, or three star rating in the state's Quality Rated system.

☒ Other differential rate. Describe:

Reimbursement for children in the custody of the state may be reimbursed at higher rates.

☐ None.

Reminder - CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. In the next three questions, Lead Agencies are asked to describe how their payment policies reflect the affordable copayments for families' provision of equal access (i.e., minimizing additional fees to parents), how payment practices are implemented consistent with the general child care market to be fair to providers (see Information Memorandum on Continuity of Care for examples http://www.acf.hhs.gov/programs/occ/resource/im2011-06), and the summary of facts describing how payment rates are adequate to ensure equal access to the full range of providers.

2.7.7. What policies does the Lead Agency have regarding any additional fees that providers may charge CCDF parents? The Lead Agency...

☒ Allows providers to charge the difference between the maximum reimbursement rate and their private pay rate

☒ Pays for provider fees (e.g., registration, meals, and supplies). Describe:

The CAPS program allows for the billing of a yearly registration fee, per child, up to a designated amount.

☐ Policies vary across region, counties and or geographic areas. Describe
☐ Other. Describe

2.7.8 What specific policies and practices does the Lead Agency have regarding the following:

a) Number of absent days allowed. Describe:

Providers may bill for a full week of care if the eligible child attends the program at least once during the billable week. Providers are required to report three consecutive absences of a child to the DFCS case manager.

b) Paying based on enrollment. Describe:

Payment is made for a full week of care if the enrolled child attends one day during the week.

c) Paying on the same schedule that providers charge private pay families (e.g., hourly, weekly, monthly)

Providers can be reimbursed weekly through the invoicing process.

d) Using electronic tools (automated billing, direct deposit, EBT cards, etc.) to make provider payments. Describe

The CAPS program uses electronic invoices and direct deposit to make payments to providers that choose these options.

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1))

Parents, guardians, or responsible persons select the child care arrangements that best meet the needs of the child and family. Parental choice prevails except in a few limited situations.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2))

Georgia reimburses the subsidy portion of the cost of care directly to providers. Some providers accept the state's maximum reimbursement rate without charging families additional amounts. Other providers charge the family the difference between the provider's rate and the subsidy amount.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3))

Family co-payments are based on the family's gross annual income, family size, and the number of children actually receiving subsidized child care. The co-payments for eligible families range from 8% - 15% of the families' gross annual income. Families with a responsible adult applying for or receiving TANF are not assessed a fee. Additionally, families with a gross annual income less than $3,601 and minor parents are not required to pay a fee.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access, including how the quality of child care providers is taken into account when setting rates and whether any other methodologies (e.g., cost estimation models) are used in setting payment rates

Child care programs that are Quality Rated receive tiered reimbursement for children in the CAPS program. The tiered reimbursement rates were established using cost estimation models, the 2013 Market Rate Survey, and input from CAPS Task Force meetings.

2.8 Goals for the next Biennium
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices).

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal 1 – Institute the tiered reimbursement program to allow low income families participating in the subsidy program access to higher quality care.
Goal 2 – Initiate educational sessions and provide media collateral and publications for case managers/field staff and parents on the importance of quality child care environments.
Goal 3 – Build on information technology system enhancements which include submitting web-based applications, renewing services, and checking benefits online. Use document imaging of paper records in the provider payment and management services.

PART 3
HEALTH AND SAFETY AND QUALITY IMPROVEMENT ACTIVITIES

In this section, Lead Agencies are asked to describe their goals and plans for implementation of child care quality improvement activities. Under the Child Care and Development Block Grant Act, Lead Agencies have significant responsibility for ensuring the health and safety of children in child care through the State/Territory's child care licensing system and establishing health and safety standards for children who receive CCDF funds. Health and safety is the foundation of quality, but is not adequate to ensure that programs and staff are competent in supporting all areas of child development and promoting school success.

Quality investments and support systems to promote continuous quality improvement of both programs and the staff who work in them are a core element of CCDF. Lead Agencies have been reporting on their efforts to support program quality improvement and professional development since their initial Plans in 1999. This section allows Lead Agencies to continue to describe the steps that they are taking toward continuous quality improvement with a goal of having high quality child care options across settings for all families. While one of the key goals for CCDF is helping more low-income children access higher quality care, the Lead Agency has the flexibility to consider its goals and strategic plans for a child care quality improvement system for all families, not just those receiving assistance under CCDF.

Part 3 is organized around a template of four key components of quality which encompass most of the quality investments and initiatives undertaken by Lead Agencies over the past decade:

1. Ensuring health and safety of children through **licensing and health and safety standards**
2. Establishing **early learning guidelines**
3. Creating pathways to excellence for child care programs through **program quality improvement activities**
4. Creating pathways to an effective, well-supported child care workforce through **professional development systems and workforce initiatives.**

For each component, Lead Agencies are asked to conduct a three-step process. First, in this section, Lead Agencies will conduct a self-assessment of their programs by responding to the questions in Part 3 that describe the current status of their efforts, using common practices and best practices to list characteristics that build off those that have been reported in previous plans. Second, Lead Agencies then are asked to identify goals for making progress during the FY 2014-2015 biennium and describe their data, performance measure and evaluation capacity for each component. Third, Lead Agencies will report progress on their goals using the Quality Performance Report which is included and described in Appendix 1. The QPR will not be submitted until December 31, 2014.

Based on information reported in past plans, it is expected that the Lead Agency will describe in these first two steps how they will continue to make systematic investments towards child care quality improvement across its early childhood and school-age spectrum – including all settings, geographic coverage and age range – that will help show progress toward these outcomes and goals. Ultimately, these child care quality improvement elements should be fully implemented and integrated. Each State/Territory is expected to fall on a continuum of progress as a result of these first two steps. Lead Agency's individual progress will reported using the Quality Performance Report.

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Questions related to licensing requirements are in sections 3.1.1 and 3.1.2. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Questions related to CCDF Health and Safety requirements are in sections 3.1.3 and 3.1.4.

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In

some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing as defined by the State/Territory. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) (658E(c)(2)(F), §98.41).

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

☒ Yes.
☐ No. Please identify the State or local (if applicable) entity/agency responsible for licensing

b) Provide a brief overview of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory.

The CCDF health and safety requirements are the same as the State's child care licensing requirements. These licensing requirements serve as the minimum requirement for health and safety for child care programs, which include child care learning centers, group day care homes, and family day care homes.

c) Do the State/Territory's licensing requirements serve as the CCDF health and safety requirements? Yes

	Center-Based Child Care	Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care ☐ N/A. Check if in-home care is not subject to licensing in your State/Territory.
Yes, for all providers in this category	☒	☒	☒	☒
Yes, for some providers in this	Describe	Describe	Describe	Describe

	Center-Based Child Care	Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care ☐ N/A. Check if in-home care is not subject to licensing in your State/Territory.
category				
No	☐	☐	☐	☐
Other	Describe	Describe	Describe	Describe

d) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. For each CCDF category of care, please identify which types of providers are subject to licensing and which providers are exempt from licensing in your State/Territory in the chart below**. Note: OCC recognizes that each State/Territory identifies and defines its own categories of care. OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care but consistent with your reported 801 data.**

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
Center-Based Child Care	Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of center-based settings are subject to licensing in your State/Territory Child care programs that care for 19 or more children under the age of 18 for pay without transfer of legal custody meet the definition of a child care learning center and are subject to licensure.	Describe which types of center-based settings are exempt from licensing in your State/Territory For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs. Examples of exempt programs include: free child care programs, child care where parents are on-site and participating in establishment activities such as a gym facility, four-hour preschool programs for children ages two to six, mother's morning out type programs, four year old Pre-K programs that are accredited and part of an accredited private school, government-owned and operated child care programs, Head Start and Early Head Start, and day camps for children age five and older, etc.
Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.	Describe which types of group homes are subject to licensing Group day care homes care for at least seven children but not more than 18 children, under the age of 18, who receive care for pay and supervision for less than 24 hours per day without transfer of legal custody.	Describe which types of group homes are exempt from licensing Examples of exempt programs include: free child care programs, child care where parents on on-site and participating in establishment activities such as a gym facility, four-hour preschool programs for children ages two to six, mother's morning out type programs, four year old Pre-K programs that are accredited and part of an accredited private school, government-owned and

CCDF Category of Care	CCDF Definition (§98.2)	Which providers in your State/Territory are subject to licensing under this CCDF category?	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?
			operated child care programs, Head Start and Early Head Start and day camps for children age five and older, etc.
Family Child Care	Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. **Reminder** - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of family child care home providers are subject to licensing A private residence operated by a person, who receives pay for the care and supervision, for fewer than 24 hours per day without transfer of legal custody, at least three but not more than six unrelated children under the age of 18. Children who are related or whose parents live in the residence are not counted in the overall numbers.	Describe which types of family child care home providers are exempt from licensing Family day care homes are not required to be registered if they care for less than three children for pay for care and supervision for fewer than 24 hours per day without transfer of legal custody.
In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. **Reminder** - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	☒ N/A. Check if in-home care is not subject to licensing in your State/Territory. Describe which in-home providers are subject to licensing. N/A	Describe which types of in-home child care providers are exempt from licensing Family, friend and neighbor care (Informal) or any individual who cares for fewer than three children for pay.

Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at http://nrckids.org/CFOC3 to verify the accuracy of your licensing regulations

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and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's**. ⊠

e) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

* American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011) *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd Edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Available online: http://nrckids.org/CFOC3

Indicator	For each indicator, check all requirements for **licensing** that apply, if any.			
	Center-Based Child Care	**Group Home Child Care** ☐ N/A. Check if your State/Territory does not have group home child care.	**Family Child Care**	**In-Home Care** ⊠N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)
Do the licensing requirements include **child: staff ratios and group sizes**? If yes, provide the ratio for age specified.	⊠ Yes, Child: staff ratio requirement Infant ratio (11 months): 1:6 Toddler ratio (35 months): 1:10 Preschool ratio (59 months): 1:18 ☐ No ratio requirements. ☐ Yes, Group size requirement Infant group size (11 months): 12 Toddler group size (35 months): 36 Preschool	⊠ Yes, Child: staff ratio requirement Infant ratio (11 months): 1:6 Toddler ratio (35 months): 1:10 Preschool ratio (59 months): 1:18 ☐ No ratio requirements. ☐ Yes, Group size requirement Infant group size (11 months): N/A see below Toddler group size (35 months): N/A, see below Preschool group size (59 months):	⊠ Yes, Child: staff ratio requirement. List ratio requirement by age group: See below. Family Day Care Home rules require an additional employee, at least 16 years of age to be present to assist with the care of children when: - more than three children under the age of 12 months are present, - more than six children under the age of three are present, and more than eight under the age of five are present. FDCH rules allow for the care of two additional children above the age of three for two designated periods per day. ☐ No ratio requirements.	☐ Yes, Child: staff ratio requirement. List ratio requirement by age group: ⊠ No ratio requirements. ☐ Yes, Group size requirement. List ratio requirement by age group ☐ No group size requirements.

Indicator	Center-Based Child Care	Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care ☒N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)
For each indicator, check all requirements for **licensing** that apply, if any.				
	group size (59 months): 30 ☐ No group size requirements. Infants: 12 Ones: 16 Twos: 20 Threes: 30 Fours: 36 Fives: 40 Six and up: 50	N/A, see below Group Homes are limited to 18 children in care, per the definition of Group Day Care Home. ☐ No group size requirements.	☒ Yes, Group size requirement. List ratio requirement by age group Family Day care homes are limited to not more than 12 children in the home under the age of 13 ☐ No group size requirements. .	
Do the licensing requirements identify specific educational **credentials for child care directors**?	☐ High school/GED ☒ Child Development Associate (CDA) ☐ State/ Territory Credential ☒ Associate's degree ☒ Bachelor's degree ☐ No credential required for licensing ☐ Other:	☐ High school/GED ☒ Child Development Associate (CDA) ☐ State/ Territory Credential ☒ Associate's degree ☒ Bachelor's degree ☐ No credential required for licensing ☐ Other:	☐ High school/GED ☒ Child Development Associate (CDA) ☐ State/ Territory Credential ☒ Associate's degree ☒ Bachelor's degree ☐ No credential required for licensing ☐ Other:	☐ High s chool/GED ☐ Child Development Associate (CDA) ☐ State/ Territory Credential ☐ Associate's degree ☐ Bachelor's degree ☒ No credential required for licensing ☐ Other:
Do the licensing requirements identify specific educational **credentials for child care teachers**?	☐ High school/GED ☒ Child Development Associate (CDA) ☐ State/ Territory Credential ☒ Associate's degree ☒ Bachelor's	☐ High school/GED ☒ Child Development Associate (CDA) ☐ State/ Territory Credential ☒ Associate's degree ☒ Bachelor's degree	☐ High school/GED ☒ Child Development Associate (CDA) ☐ State/ Territory Credential ☒ Associate's degree ☒ Bachelor's degree ☐ No credential required for licensing ☐ Other:	☐ High school/GED ☐ Child Development Associate (CDA) ☐ State/ Territory Credential ☐ Associate's degree ☐ Bachelor's degree

Indicator	Center-Based Child Care	Group Home Child Care ☐ N/A. Check if your State/Territory does not have group home child care.	Family Child Care	In-Home Care ☒ N/A if the State/Territory does not license in-home care (i.e., care in the child's own home)
	degree ☐ No credential required for licensing ☐ Other:	☐ No credential required for licensing ☐ Other:		☒ No credential required for licensing ☐ Other:
Do the licensing requirements specify that directors and caregivers must attain a specific number of **training hours per year**?	☐ At least 30 training hours required in first year ☐ At least 24 training hours per year after first year ☐ No training requirement ☒ Other: 10 per year	☐ At least 30 training hours required in first year ☐ At least 24 training hours per year after first year ☐ No training requirement ☒ Other: 10 per year	☐ At least 30 training hours required in first year ☐ At least 24 training hours per year after first year ☐ No training requirement ☒ Other: 10 per year	☐ At least 30 training hours required in first year ☐ At least 24 training hours per year after first year ☒ No training requirement ☐ Other:

f) Do you expect the licensing requirements for child care providers to change in FY2014-2015?

☒ Yes. Describe

Yes, DECAL is updating the rules related to Infant Safe Sleep to incorporate new recommendations from the American Academy of Pediatrics.

☐ No

3.1.2 Enforcement of Licensing Requirements
Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.2a through 3.1.2e below. This description includes whether and how the State/Territory uses visits (announced and

unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

☒ Yes. If "Yes" please refer to the chart below and check all that apply.
☐ No

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
☒ Center-Based Child Care	☐ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe Targeted technical assistance is given for programs that need assistance to come into compliance. A minimum of two on-site TA visits is given to these programs. Initial Licensing visits are announced visits.	☐ Once a Year ☒ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe All child care centers receive a minimum of two regulatory visits each year and additional visits for requested TA visits and /or complaint investigations.
☒ Group Home Child Care	☐ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe Targeted technical assistance is given for programs that need assistance to come into compliance. A minimum of two on-site TA visits is given to these programs. Initial Licensing visits are announced visits.	☐ Once a Year ☒ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe All child care centers receive a minimum of two regulatory visits each year and additional visits for requested TA visits and /or complaint investigations.
☒ Family Child Care Home	☐ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe Targeted technical assistance is given for programs that need assistance to come into compliance. A minimum of two on-site TA visits is given to these programs. Initial Licensing visits are announced visits.	☐ Once a Year ☒ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe All child care centers receive a minimum of two regulatory visits each year and additional visits for requested TA visits and /or complaint investigations.☐ Once Every Two Years ☐ Other. Describe
☐ In-Home Child Care ☒ N/A. Check if In-Home Child Care is not subject to licensing in your	☐ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☒ Other. Describe Friend, Family and Neighbor Care providers are monitored	☒ Once a Year ☐ More than Once a Year ☐ Once Every Two Years ☐ Other. Describe

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
State/Territory (skip to 3.1.2b)	within six weeks of enrollment. Informal providers (Family, Friend, Neighbor) who care for children who are subsidized are also monitored within six weeks of enrollment and annually thereafter.	

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

☒ Yes. If "Yes" please refer to the chart below and check all that apply.
☐ No

Licensing Procedures	Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.
The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.	☒ Yes. Describe Licensure Orientation Meeting is a six-hour class for potential applicants opening a child care program. An explanation of the rules and regulations for child care and an overview of the application process is given. Directors for child care learning centers and group day care homes must also attend a 40 hour director training course prior to approval to operate the child care program. ☐ No. ☐ Other. Describe
The State/Territory has procedures in place for licensing staff to inspect centers and family child care homes prior to issuing a license.	☒ An on-site inspection is conducted. ☐ Programs self-certify. Describe ☐ No procedures in place. ☐ Other. Describe
Licensing staff has procedures in place to address violations found in an inspection.	☒ Providers are required to submit plans to correct violations cited during inspections. ☒ Licensing staff approve the plans of correction submitted by providers. ☒ Licensing staff verify correction of violation. ☒ Licensing staff provide technical assistance regarding how to comply with a regulation. ☐ No procedures in place. ☒ Other. Describe Depending on the severity of the licensing violation, the program may be asked to

Licensing Procedures	**Describe** which procedures are used by the State/Territory for enforcement of the licensing requirements.
	attend an office conference to discuss the program's steps to come into and sustain compliance status.
Licensing staff has procedures in place to issue a sanction to a noncompliant facility.	☒ Provisional or probationary license
	☒ License revocation or non-renewal
	☒ Injunctions through court
	☒ Emergency or immediate closure not through court action
	☒ Fines for regulatory violations
	☐ No procedures in place.
	☐ Other. Describe
The State/Territory has procedures in place to respond to illegally operating child care facilities.	☒ Cease and desist action
	☒ Injunction
	☐ Emergency or immediate closure not through court action
	☐ Fines
	☐ No procedures in place.
	☐ Other. Describe
The State/Territory has procedures in place for providers to appeal licensing enforcement actions.	☒ Yes. Describe Providers may appeal a sanction/ adverse action/enforcement fine. Appeal hearings take place before a judge of the Office of State Administrative Hearing office.
	☐ No.
	☐ Other. Describe

c) Does your State/Territory use **background checks as a way to effectively enforce the licensing requirements?**

☒ Yes. If "Yes" please refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency.

☐ No

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
☒ **Center-Based Child Care**	☐ Child Abuse Registry	☐ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Director ☒ Teaching staff ☒ Non-teaching staff ☐ Volunteers ☒ Other (N/A)-The child abuse registry was found to be unconstitutional by the Georgia Supreme Court.
	☒ State/Territory Criminal Background ☒ Check if State/Territory background check includes fingerprints	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other.	☒ Director ☐ Teaching staff ☐ Non-teaching staff ☐ Volunteers ☐ Other
	☒ FBI Criminal Background (e.g., fingerprint)	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Director ☐ Teaching staff ☐ Non-teaching staff ☐ Volunteers ☐ Other
	☒ Sex Offender Registry This information is obtained as part of the National Background Fingerprint check for Directors. All names are checked against the sex abuse registry at time of application for all staff and employees.	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Director ☒ Teaching staff ☒ Non-teaching staff ☐ Volunteers ☐ Other
☒ **Group Child Care Homes** ☐ N/A. Check if your State/Territory does not have group home child care.	☐ Child Abuse Registry (N/A) This information is obtained as part of the National Background Fingerprint check for Directors. All names are checked against the sex abuse	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☒Non-provider residents of the home **over the age of 18**

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
	registry at time of application for all staff and employees.		
	☒ State/Territory Criminal Background **(N/A)** ☐ Check if the State/Territory background check includes fingerprints	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☐ Provider ☐ Non-provider residents of the home Director's only
	☒ FBI Criminal Background (e.g., fingerprint)	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☐ Provider ☐ Non-provider residents of the home Director's only
	☒ Sex Offender Registry This information is obtained as part of the National Background Fingerprint check for Directors, but all staff and employees and persons residing in the home are checked during the application process and before approval to operate is given.	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☒ Non-provider residents of the home over the age of 18
☒ **Family Child Care Homes**	☒ Child Abuse Registry This information is obtained as part of the National Background Fingerprint check for Directors. All names are checked against the sex abuse registry at time of application for all staff	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☒ Non-provider residents of the home over the age of 18

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
	and employees.		
	☒ State/Territory Criminal Background ☒ Check if the State/Territory background check includes fingerprints	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☐ Non-provider residents of the home <u>Director/provider only</u>
	☒ FBI Criminal Background (e.g., fingerprint)	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☐ Non-provider residents of the home <u>Director/provider only</u>
	☒ Sex Offender Registry This information is obtained as part of the National Background Fingerprint Check for Directors, but all staff and employees and persons residing in the home are checked during the application process and before approval to operate is given	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☒ Non-provider residents of the home over the age of 18
☐ In-Home Child Care Providers ☒ N/A. Check if In-Home Child Care is not subject to licensing in your State/Territory (skip to 3.1.2e)	☐ Child Abuse Registry	☐ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☐ Provider ☐ Non-provider residents of the home
	☒ State/Territory Criminal Background ☒ Check if the State/Territory	☒ Initial Entrance into the System ☐ Checks	☒ Provider ☐ Non-provider residents of the home

CCDF Categories of Care	Types of Background Check	Frequency	Who is Subject to Background Checks?
	background check includes fingerprints	Conducted Annually ☒ Other. Describe Visits are also conducted when complaints are received on in-home child care programs or when a program needs a second follow-up visit.	
	☒ FBI Criminal Background (e.g., fingerprint) Informal providers (Family, Friend, and Neighbor Care) who care for children who are subsidized must complete criminal background checks.	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☐ Non-provider residents of the home
	☒ Sex Offender Registry	☒ Initial Entrance into the System ☐ Checks Conducted Annually ☐ Other. Describe	☒ Provider ☐ Non-provider residents of the home

d)Please **provide a brief overview** of the State/Territory's process for conducting background checks for child care. In this brief overview, include the following:

   1) The cost associated with each type of background check conducted

   Local background checks, conducted by a local law enforcement agency, range in cost between $10.00 to $40.00. Each law enforcement agency sets their own fees. State and national background checks processed by the Lead Agency, through contract, cost an employee/employer approximately $52.00.

2) Who pays for background checks

The determination for payment for a background check is not defined in Georgia. The employee or the employer may pay the cost.

3) What types of violations would make providers ineligible for CCDF? Describe

All felonies and certain misdemeanors, simple battery when the victim is a minor, contributing to the delinquency of a minor, and sexual offense crimes would make a record unsatisfactory.

4) The process for providers to appeal the Lead Agency's decision based on the background check findings. Describe

Any person with an unsatisfactory criminal records check determination may appeal the decision. All appeals are heard before a judge from the Office of State Administrative Hearings.

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? (658E(c)(2)(E), §98.40(a)(2))

N/A

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

☒ Yes. Describe

Licensing reports are available online for 18 months. Parents and the public can access licensing inspection reports, licensing rules and interpretative manuals, and other child care licensing resources.

☐ No

3.1.3. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply

to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

☒ Check if the Lead Agency certifies that there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

   a) Describe the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

The Lead Agency requires:	For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.			
	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☐ Physical exam or health statement for providers	☐	☐	☐	☐
☐ Physical exam or health statement for children	☐	☐	☐	☐
☐ Tuberculosis check for providers	☐	☐	☐	☐
☐ Tuberculosis check for children	☐	☐	☐	☐
☐ Provider immunizations	☐	☐	☐	☐
☒ Child immunizations	☒	☒	☒	☒
☒ Hand-washing policy for providers and children	☒	☒	☒	☐
☒ Diapering policy and procedures	☒	☒	☒	☐
☒ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☒
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☐ Other. Describe	☐	☐	☐	☐

   b) Describe the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

The Lead Agency requires:	For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.			
	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
☒ Fire inspection	☒	☐	☒	☐
☒ Building inspection	☒	☐	☒	☐
☐ Health inspection	☐	☐	☐	☐
☒ Inaccessibility of toxic substances policy	☒	☒	☒	☐
☒ Safe sleep policy	☒	☒	☒	☐
☒ Tobacco exposure reduction	☒	☒	☒	☒
☒ Transportation policy	☒	☒	☒	☐
☐ Providers to submit a self-certification or complete health and safety checklist	☐	☐	☐	☒
☐ Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	☐	☐	☐	☐
☐ Other. Describe	☐	☐	☐	☐

c) Describe the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3)). Note: While Lead Agencies have the flexibility to define these terms, for this question, pre-service refers to any training that happens prior to a person starting or shortly thereafter (first week, etc). "On-going" would be some type of routine occurrence (e.g., maintain qualifications each year).

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
Child Care Centers	First Aid	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	CPR	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Medication Administration Policies and Practices	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Poison Prevention and Safety	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Shaken Baby Syndrome and abusive head trauma prevention	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Age appropriate nutrition, feeding, including support for breastfeeding	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Physical Activities	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Recognition and mandatory reporting of suspected child abuse and neglect	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Emergency preparedness and planning response procedures	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Management of common childhood illnesses, including food intolerances and allergies	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Transportation and child passenger safety (if applicable)	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Supervision of children	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Behavior management	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Other. Describe		
Group Home Child Care	First Aid	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	CPR	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Medication Administration Policies and Practices	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Poison Prevention and Safety	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			approved trainer.
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Shaken Baby Syndrome and abusive head trauma prevention	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Age appropriate nutrition, feeding, including support for breastfeeding	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Physical Activities	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			approved trainer.
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Recognition and mandatory reporting of suspected child abuse and neglect	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Emergency preparedness and planning response procedures	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Management of common childhood illnesses, including food intolerances and allergies	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			approved trainer.
	Transportation and child passenger safety (if applicable)	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Supervision of children	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			approved trainer.
	Behavior management	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Other. Describe		
Family Child Care Providers	First Aid	Health and Safety training is required initially for family child care providers. Providers can obtain free training related to health and safety through the local child care resource and referral agency and through the state's professional development system.	Must be renewed prior to expiration
	CPR	Health and Safety training is required initially for family child care providers. Providers can obtain free training related to health and safety through the local child care resource and referral agency and through the state's professional development system.	Must be renewed prior to expiration
	Medication Administration Policies and Practices	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			care resource and referral agency or through a state-approved trainer.
	Poison Prevention and Safety	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Shaken Baby Syndrome and abusive head trauma prevention	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Age appropriate nutrition, feeding, including support for breastfeeding	Health and Safety training is required initially for family child care providers. Providers can obtain free training related to health and safety through the local child	N/A

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
		care resource and referral agency and through the state's professional development system.	
	Physical Activities	N/A	N/A
	Procedures for preventing the spread of infectious disease, including sanitary methods and safe handling of foods	Health and Safety training is required initially for family child care providers. Providers can obtain free training related to health and safety through the local child care resource and referral agency and through the state's professional development system.	N/A
	Recognition and mandatory reporting of suspected child abuse and neglect	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Emergency preparedness and planning response procedures	N/A	Emergency preparedness and response training is required on an ongoing basis for family day care home providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Management of common childhood illnesses, including food intolerances and	N/A	Health and Safety training is required on an on-going basis for child care providers.

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	allergies		Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Transportation and child passenger safety (if applicable)	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	N/A	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.	N/A
	Supervision of children	Health and Safety training is required on an on-going basis for child care providers.	N/A

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
		Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.	
	Behavior management	Health and Safety training is required on an on-going basis for child care providers. Providers can obtain training, some at no cost, through the local child care resource and referral agency or through a state-approved trainer.	N/A
	Other. Describe		
In-Home Child Care Providers	First Aid	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete first aid and CPR training. They must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	CPR	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete first aid and CPR training. They must complete eight clock hours of health and safety training annually during the first six months of each

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
			enrollment.
	Medication Administration Policies and Practices	N/A	N/A
	Poison Prevention and Safety	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete first aid and CPR training. They must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	Safe Sleep Practices including Sudden Infant Death Syndrome (SIDS) Prevention	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	Shaken Baby Syndrome and abusive head trauma prevention	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	Age appropriate nutrition, feeding, including support for breastfeeding	N/A	N/A
	Physical Activities	N/A	N/A
	Procedures for preventing the spread of infectious disease,	N/A	Informal providers (Family, Friend,

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	including sanitary methods and safe handling of foods		Neighbors) who receive subsidies for eligible children must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	Recognition and mandatory reporting of suspected child abuse and neglect	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	Emergency preparedness and planning response procedures	N/A	Informal providers (Family, Friend, Neighbors) who receive subsidies for eligible children must complete eight clock hours of health and safety training annually during the first six months of each enrollment.
	Management of common childhood illnesses, including food intolerances and allergies	N/A	N/A
	Transportation and child passenger safety (if applicable)	N/A	N/A
	Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities (ADA) Act	N/A	N/A

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
	Child development including knowledge of developmental stages and milestones appropriate for the ages of children receiving services.	N/A	N/A
	Supervision of children	N/A	N/A
	Behavior management	N/A	N/A
	Other. Describe		

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii))(A))

☐ All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
☐ Relative providers are NOT required to meet <u>any</u> health and safety requirements as described in 3.1.2a-c, as appropriate.
☒ Relative providers are subject to certain requirements. Describe the different requirements

Must complete a satisfactory background check within six weeks of enrolling and must complete eight hours of health and safety training per year along with infant/toddler CPR certification.

e) Provide a web address for the State/Territory's health and safety requirements, if available:

www.decal.ga.gov/ChildCareServices/Rules and Regulations.aspx

3.1.4 Effective enforcement of the CCDF health and safety requirements.
For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described in 3.1.2 for licensed providers, please describe how the Lead Agency enforces the CCDF health and safety enforcement requirements. N/A

a) Describe whether and how the Lead Agency uses on-site visits (announced and unannounced) <u>N/A</u>

b) Describe whether the Lead Agency uses background checks <u>N/A</u>

c) Does the Lead Agency permit providers to self-certify compliance with applicable health and safety standards?

    ☐ Yes. If yes, what documentation, if any, is required? Describe
    ☒ No

d) Describe whether the Lead Agency uses any other enforcement policies and practices for the health and safety requirements

    Child care programs exempt from licensure are required to post a notice for families showing the exemption approval and a notice that the program is not licensed by DECAL. Contact information for DECAL must be on the notice and damiies must sign that they are aware that the program is not licensed. In addition, notice must be provided to families if the program does not carry liability insurance. Exempt programs maintain attendance records for children participating in the programs; compy with local certificate of occupancy requirements; comply with local fire inspection, and comply health department requirements, Details on these requirements are available at: www.decal.ga.gov/ChildCareServices/Exemptions.aspx.

☒ Check if the Lead Agency certifies that procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

3.1.5. Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs?
Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities.

    ☐ Yes. Describe
    ☒ No

    a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

        ☐ Yes. Describe
        ☐ No
        ☒ Other. Describe

    Though the state does not require developmental screenings, child care resource and referral agencies provide training and technical assistance to family, group, and child care learning centers on the use of Ages and Stages Questionnaire for developmental screening. In addition, these

agencies have Inclusion Coordinators who work with programs and families to ensure that referrals are made and potential developmental delays are addressed. The voluntary Quality Rated includes standards for Child Health, Nutrition and Physical Activity. Participating programs in Quality Rated will describe and demonstrate how the program uses developmental screenings, makes referrals when needed, and follows up on referrals as needed.

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

☐ Yes. Describe
☐ No
☐ Other. Describe

c) Does the State/Territory use developmental screening and referral tools?
☐ Yes. If Yes, provide the name of the tool(s)
☐ No
☒ Other. Describe

Though the state does not require developmental screenings, child care resource and referral agencies provide training and technical assistance to family, group, and child care learning centers on the use of Ages and Stages Questionnaire for developmental screening. In addition, these agencies have Inclusion Coordinators who work with programs and families to ensure that referrals are made and potential developmental delays are addressed. The voluntary Quality Rated includes standards for Child Health, Nutrition and Physical Activity. Participating programs in Quality Rated will describe and demonstrate how the program uses developmental screenings, makes referrals when needed, and follows up on referrals as needed.

3.1.6 Data & Performance Measures on Licensing and Health and Safety Compliance –
What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on licensing and health and safety. Indicate if the Lead Agency or another agency has access to data on:

☒Number of licensed programs. Describe (optional)
☐ Numbers of programs operating that are legally exempt from licensing. Describe (optional)
☐ Number of programs whose licenses were suspended or revoked due to non-compliance. Describe (optional)
☒ Number of injuries in child care as defined by the State/Territory. Describe (optional)
☒ Number of fatalities in child care as defined by the State/Territory. Describe (optional)
☒ Number of monitoring visits received by programs. Describe (optional)
☒ Caseload of licensing staff. Describe (optional)
☒ Number of programs revoked from CCDF due to non-compliance with health and safety requirements. Describe (optional)
☐ Other. Describe
☐ None

b) **Performance measurement**. What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

DECAL determines if child care programs are compliant with core licensing rules based on the rule violations found during regulatory visits.

c) **Evaluation**. What, if any, are the State/Territory's plans for evaluation related to licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

DECAL is trains and evaluates licensing staff for reliability. All licensing consultants have been or will be participating in a project that will measure consistency of licensing findings between consultants and regions. Information will be used to refine the licensing process and instruments.

3.1.7 Goals for the next Biennium
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to establish a goal for each sub-section of 3.1. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal 1 - Over the next two years, DECAL plans to reduce the number of child care programs classified as non-compliant by 20%. DECAL will continue to work on improving health and safety rules by researching best practices, evaluating the effectiveness of rules to prevent injuries, and soliciting stakeholder input. DECAL will also implement improved technical assistance and training to help child care programs improve compliance with health and safety licensing rules

New!

CCDF has a number of performance measures used to track progress for key aspects of the program at the national level. These performance measures are included in budget materials submitted to Congress and other documents. Go to http://www.acf.hhs.gov/programs/occ/resource/government-performance-and-results-act-gpra-measures to see the CCDF performance measures. A number of these performance measures rely on information reported in the State and Territorial Plans as

a data source. We have added a ruler icon   in Section 3.2 through 3.4 to identify specific questions used in the performance measures. When answering these questions, Lead Agencies should ensure that their answers are accurate and complete to promote the usefulness and integrity of the performance measures.

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines (also referred to as early learning and development standards) include the expectations for what children should know (content) and be able to do (skills) at different levels of development. These standards provide guidelines, articulate developmental milestones, and set expectations for the healthy growth and development of young children. The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These early learning guidelines are voluntary because States/Territories are not required to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

☒ Birth-to-three

☒ Three-to-five
☐ Five years and older
☐ None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible: www.gelds.decal.ga.gov

Which State/Territory agency is the lead for the early learning guidelines?

The CCDF Lead Agency, the Georgia Department of Early Care and Learning, is responsible for Georgia's early learning guidelines.

3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development?
Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	☒	☒	☐
Social and emotional development	☒	☒	☐
Approaches to learning	☒	☒	☐
Logic and reasoning (e.g., problem-solving)	☒	☒	☐
Language development	☒	☒	☐
Literacy knowledge and skills	☒	☒	☐
Mathematics knowledge and skills	☒	☒	☐
Science knowledge and skills	☒	☒	☐
Creative arts expression (e.g., music, art, drama)	☒	☒	☐
Social studies knowledge and skills	☒	☒	☐
English language development (for dual language learners)	☒	☒	☐
List any domains not covered in the above	☐	☐	☐
Other. Describe	☐	☐	☐

3.2.3 To whom are the early learning guidelines disseminated and in what manner?
Check all audiences and methods that your State/Territory has chosen to use in the chart below.

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	☒	☒	☐
Parents using child care	☒	☒	☐

	Information Dissemination	Voluntary Training	Mandatory Training
more broadly			
Practitioners in child care centers	☒	☒	☐
Providers in family child care homes	☒	☒	☐
Practitioners in Head Start	☒	☒	☐
Practitioners in Early Head Start	☒	☒	☐
Practitioners in public Pre-K programs	☒	☐	☒
Practitioners in elementary schools	☒	☒	☐
Other. List	☐	☐	☐

3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system?
Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

☒ To define the content of training required to meet licensing requirements
☒ To define the content of training required for program quality improvement standards (e.g., QRIS standards)
☒ To define the content of training required for the career lattice or professional credential
☒ To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
☒ To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
☒ To develop State-approved curricula
☐ Other. List
☐ None.

3.2.5 Are voluntary early learning guidelines and development standards aligned with into other parts of the child care system?
Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

☒ Cross-walked to align with Head Start Child Development and Early Learning Framework
☒ Cross-walked to align with K-12 content standards
☒ Cross-walked to align with State/Territory Pre-K standards
☒ Cross-walked with accreditation standards
☐ Other. List
☐ None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions.
In this section, assessment is framed with two distinct purposes/tools – 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted within pre-kindergarten and/or at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

☒ Yes. Describe

Georgia's Pre-K Program requires the use of the Work Sampling System Online. The Work Sampling System is a valid and reliable instrument that is age appropriate for four-year-old children. During the 2013-2014 school year 100% of Georgia's Pre-K sites will provide data on all children enrolled in Georgia's Pre-K Program. At the end of each school year the data is uploaded to the Longitudinal Data System housed at the Department of Education and created through collaboration with funding from the Race to the Top Grant. This data is then capable of being accessed by Kindergarten teachers throughout the state. Georgia's Pre-K Program has worked closely with Pearson, vendor for Work Sampling System, in a Work Sampling System Indicator Revision project. Pearson hired a project manager to review DECAL's revised Georgia Early Learning and Development Standards (GELDS), create a gap analysis and provide revisions to the 55 indicators creating a richer alignment between GELDS and Work Sampling System Indiators.

a-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?

☒ Yes. Describe

Teachers in Georgia's Pre-K Programs are trained to use data collected through the Work Sampling System to individualize instruction for children and for lesson planning. DECAL collaborates with Georgia State University to develop and conduct this training and with individual consultants to monitor teachers' progress and provide technical assistance.

☐ No
☐ Other. Describe

a-2) If yes, is information on child's progress reported to parents?

☒ Yes. Describe

Assessment information collected on children enrolled in Georgia's Pre-K Program is captured on a Narrative Summary report and shared with parents twice a year. Families of children enrolled in Georgia's Pre-K Program are required to participate in teacher conferences at least twice per school year.

☐ No
☐ Other. Describe

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children within pre-kindergarten and/or as they enter kindergarten?

☐ Yes. Describe

b-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

☐ Yes. Describe
☐ No
☐ Other. Describe

b-2) If yes, are the tools used on all children or samples of children?

☐ All children. Describe
☐ Samples of children. Describe
☐ Other. Describe

b-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

☐ Yes. Describe
☐ No
☐ Other. Describe

☒ No
☒ Other. Describe

At this time, Georgia does not require Kindergarten Entry Assessments. These decisions are made by local school boards, and the practices vary across the state.

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

☒ Yes. Describe

Georgia's Pre-K Program Work Sampling data is linked to the statewide longitudinal data system. DECAL transfers data from Language and Literacy, Math, Social and Emotional, and Fine Motor.

☐ No
☐ Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines –

What data elements, if any, does the State/Territory have access to on the dissemination of, implementation of, or children's attainment of the early learning guidelines? What, if any, performance measures does the State/Territory use for dissemination and implementation of the early learning guidelines? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on voluntary early learning guidelines**. Indicate if the Lead Agency or another agency has access to data on:

☒ Number/percentage of child care providers trained on ELG's for preschool aged children. Describe (optional)
☒ Number/percentage of child care providers trained on ELG's for infants and toddlers. Describe (optional)
☒ Number of programs using ELG's in planning for their work. Describe (optional)
☐ Number of parents trained on or served in family support programs that use ELG's. Describe (optional)
☐ Other. Describe
☐ None

b) **Performance measurement**. What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

Information on the Georgia Early Learning and Development Standards (GELDS) will be disseminated through the Georgia Program for Infant and Toddler Care (GAPITC) conferences throughout the state. GAPITC conducts 10 conferences each year. The number of participants expected to receive information and training on the GELDS will be a minimum of 1,000 each year. Another measure related to dissemination and implementation will be the Quality Rated portfolio submissions. Providers must demonstrate through the portfolio that their lesson plans, curriculum, and assessment are aligned with the GELDS. There will also be links to webinars/videos on the Quality Rated

website, and DECAL will be able to measure the number of views. All Georgia Pre-K teachers and directors will receive information and training on the GELDS via face-to-face and online professional development modules. The Lead Agency will be able to track the number of participants.

c) **Evaluation**. What are the State/Territory's plans, if any, for evaluation related to early learning guidelines and the progress of children in child care? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Quality Rated data will serve as the evaluation related to Georgia's early learning guidelines. All providers applying for Quality Rated will have to demonstrate that their assessment, lesson plans, and curriculum are aligned to the GELDS. These scores will be the evaluation. Additionally, Georgia's Pre-K Program monitors 20% of programs each year. GELDS evaluation data for these programs will be available.

3.2.8 Goals for the next Biennium

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

Goal 1: 100% of Georgia Pre-K teachers will be trained on the GELDS.
Goal 2: A minimum of 1,000 participants in the GAPITC will be trained on the GELDS.
Goal 3: A minimum of 100 Spanish-speaking teachers will be trained on the GELDS.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)

Many States have chosen to use targeted quality funds and other resources to develop a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs (i.e. QRIS). States and Territories will provide a self-assessment on current program quality improvement activities by responding to questions in this section and then describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to a Quality Rating and Improvement System (QRIS) framework. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

While not all States and Territories have developed or implemented a formal QRIS, all are pursuing quality improvement strategies that can be described within this framework (based upon previous CCDF Plans). Using this framework to organize this section allows States/Territories to report on their quality improvement activities systematically whether they have a QRIS or not. Over time, States and Territories are encouraged to work on linking their quality improvement initiatives and strategies across all of these elements, culminating in a comprehensive Quality Rating and Improvement System with adequate support for providers to attain higher levels of quality and transparency for parents and the community regarding the quality of child care.

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities. DECAL and local resource and referral agencies.

3.3.1 Element 1 – Program Standards

Definition – For purposes of this section, program standards refer to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. <u>Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.</u>

a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

☒ Ratios and group size
☒ Health, nutrition and safety
☒ Learning environment and curriculum
☒ Staff/Provider qualifications and professional development
☒ Teacher/providers-child relationships
☒ Teacher/provider instructional practices
☒ Family partnerships and family strengthening
☒ Community relationships
☐ Administration and management

☒ Developmental screenings
☒ Child assessment for the purposes of individualizing instruction and/or targeting program improvement
☒ Cultural competence
☐ Other. Describe
☐ None. If checked, skip to 3.3.2.

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

☒ Children with special needs as defined by your State/Territory
☒ Infants and toddlers
☒ School-age children
☒ Children who are dual language learners
☐ None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

☒ Licensing is a pre-requisite for participation.
☐ Licensing is the first tier of the quality levels.
☐ State/Territory license is a "rated" license.
☐ Other. Describe
☐ Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

☐ Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
☐ Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
☐ Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)

☒ Other. Describe

National accreditation earns additional points in Quality Rated, Georgia's QRIS.

☐ None

3.3.2 Element 2 –Supports to Programs to Improve Quality

Definition – For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, skip to 3.3.3.

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
☒ Attaining and maintaining licensing compliance	☒	☒	☒
☒ Attaining and maintaining quality improvement standards beyond licensing	☒	☒	☒
☒ Attaining and maintaining accreditation	☒	☒	☒
☒ Providing targeted technical assistance in specialized content areas:			
Health and safety	☒	☒	☒
Infant/toddler care	☒	☒	☒
School-age care	☒	☒	☒
Inclusion	☒	☒	☒
Teaching dual language learners	☒	☒	☒
Mental health	☐	☐	☐
Business management practices	☐	☐	☐
Other. Describe Cultural Competency	☒	☒	☒
☐ None. Skip to 3.3.3.			

b) Methods used to customize quality improvement supports to the needs of individual programs include:

☒ Program improvement plans
☒ Technical assistance on the use of program assessment tools
☒ Other. Describe: Mentoring

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

☒ Yes. Describe

Both programs can participate in the TA program at any point in their participation in Quality Rated.

☐ No
☐ Other. Describe

3.3.3 Element 3 – Financial Incentives and Supports

Definition – For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, skip to 3.3.4.

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers
☐ Grants to programs to meet or maintain licensing	☐	☐	☐
☒ Grants to programs to meet QRIS or similar quality level	☒	☒	☒
☒ One-time awards or bonuses on completion of quality standard attainment	☒	☒	☒
☒ Tiered reimbursement tied to quality for children receiving subsidy	☒	☒	☒
☐ On-going, periodic grants or stipends tied to improving/maintaining quality	☐	☐	☐
☐ Tax credits tied to meeting program quality standards	☐	☐	☐
☒ Other. Describe SCHOLARSHIPS/INCENTIVES	☒	☒	☐
☐ None. Skip to 3.3.4.	☐	☐	☐

3.3.4 – Element 4 - Quality Assurance and Monitoring

Definition – For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
☒ Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. At initial rating and every three years to maintain rating; Head Start and public school Pre-K use quality assessment tools.	☒ Infant/ Toddler ☒ Preschool ☒ School-Age	☒	☒
☒ Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. DECAL made a significant shift in 2011 to begin focusing on teacher child interactions. All Pre-K management and field staff have received on-going, intensive training on the CLASS instrument, and all field staff must demonstrate reliability in the instrument yearly and participate in quarterly calibration exercises to ensure staff remains reliable. Pre-K field staff use the CLASS tool to observe Pre-K classes and to give feedback and appropriate technical assistance to Pre-K classrooms. The CLASS instrument was used in each of Georgia's Pre-K classrooms during the 2010-2011 school year to obtain a wide sample of baseline data. During the 2011-2012 and 2012-2013 school year, 30% of the Pre-K classrooms have been monitored using the CLASS. The ongoing use of this tool will help to inform and guide professional development. Approximately 30% of Georgia's Pre-K classrooms will receive a CLASS visit annually.	☒	N/A	☒
☐ Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments.	☐	☐	☐
☒ Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. Quality Rated Online Portfolio – assessment of five	☒	☒	☒

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
program standards updated annually and resubmission of new data every three years			
☐ Other. Describe	☐	☐	☐
☐ None. Skip to 3.3.5.	☐	☐	☐

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

☒ Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
☒ Include QRIS or other quality reviews as part of licensing enforcement
☐ Have compliance monitoring in one sector (e.g., Head Start/Early Head Start, State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
☐ Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review
☐ Other. Describe
☐ None

3.3.5 – Element 5 - Outreach and Consumer Education

Definition – For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs, and the general public.

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

Stars 1, 2 and 3 Star levels

☒ Yes. If yes, how is it used?
    ☒ Resource and referral/consumer education services use with parents seeking care
    ☒ Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting
    ☒ Searchable database on the web
    ☒ Voluntarily, visibly posted in programs
    ☐ Mandatory to post visibly in programs
    ☒ Used in marketing and public awareness campaigns
    ☐ Other. Describe
☐ No. If no, skip to 3.3.6.

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.

☒ Print
☒ Radio
☒ Television
☒ Web
☒ Telephone
☐ Social Marketing
☐ Other. Describe
☐ None

c) Describe any targeted outreach for culturally and linguistically diverse families.

Materials, technical assistance, and training are available in Spanish.

3.3.6. Quality Rating and Improvement System (QRIS)

a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5,** does your State/Territory have a quality rating and improvement system (QRIS) or similar quality improvement system in place?

☒ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.
　　☒ Participation is voluntary for:
Licensed and registered programs, exempt programs such as Early Head Start, public schools operating Georgia's Pre-K program or after school care, Department of Defense programs

　　☐ Participation is mandatory for

☐ Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.
☐ No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.
　　☐ State/Territory is in the development phase
　　☐ State/Territory has no plans for development
☐ Other. Describe

b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

☒ Child care centers
☒ Group child care homes
☒ Family child care homes
☐ In-home child care
☒ License exempt providers
☒ Early Head Start programs
☒ Head Start programs
☒ Pre-kindergarten programs
☒ School-age programs
☒ Other. Describe: DOD, DOE sites

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above, please describe

3.3.8 Data & Performance Measures on Program Quality –
What data elements, if any, does the State/Territory currently have access to related to the quality of programs? What, if any, does the State/Territory use for performance measures on program quality improvement? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) **Data on program quality**. Indicate if the Lead Agency or another agency has access to data on:

☒ Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory. Describe (optional)

Data base and published scores on DECAL website.

☒ Number of programs that move program quality levels annually (up or down). Describe (optional)
☒ Program scores on program assessment instruments. List instruments:

Program portfolio scores on 5 standards: Staff Qualifications, Ratio and Group Size, Family Engagement, Nutrition and Physical Activity, Intentional Teaching Practices.

☒ Classroom scores on program assessment instruments. List instruments:

ITERS –R, ECERS-R, SACERS, FCCERS

⊠ Qualifications for teachers or caregivers within each program. Describe (optional)

⊠ Number/Percentage of children receiving CCDF assistance in licensed care. Describe (optional)

⊠ Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory

⊠ Number/Percentage of programs receiving financial assistance to meet higher program standards. Describe (optional)

&boxempty; Other. Describe

&boxempty; None

d) **Performance measurement**. What, if any, are the Lead Agency's performance measures on program quality?

Goal 1: Families have access to Quality Rated Programs; 10% of children receiving subsidies are participating in a Quality Rated Program by September 30, 2015.

Goal 2: To promote access, the recruitment strategies goals are: 10 % of registered family day care homes participating in Quality Rated; 15 % of licensed group day care homes and child care learning centers participating in Quality Rated; 75 % of programs participating are rated; 25% of programs serving children who receive subsidies are participating in Quality Rated. In addition, DECAL will develop a process to recruit and serve exempt but eligible entities (school districts w/Georgia's Pre-K Program, Head Start, and Department of Defense child care).

e) **Evaluation**. What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

Georgia has adopted the following definition of validation:

Validation of a QRIS is a multi-step process that assesses the degree to which decisions about program quality standards and measurement strategies result in accurate and meaningful ratings. Validation of a QRIS provides designers, administrators, and stakeholders with crucial data about how well the architecture of the system is functioning
(Zellman/Fiene, 2012)

Phase	Validation
Current Phase 3 3/2013	Distribution of rating levels-rating distributions by program type (Head Start, rural vs.urban, types of children served, etc.) Testing of various scoring structures/weighting and cut-offs
Short Term Phase 3 2014	Meaningful differentiation of quality levels with another outside variable, i.e., CLASS

Type of evaluation questions	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Year 4 2015-2016	Year 5 2016-2017
Participation	x	x	x	x	x
Retention	x	x	x	x	x
Motivation		x	x	x	
Quality Supports (TA, Training, Incentives, Tiered Reimbursement, Bonus Packages)		x	x	x	
DECAL Resources and Processes	x	x	x	x	
Statewide Quality Improvement					x

3.3.9 Goals for the next Biennium

In this section, Lead Agencies are asked to identify at least one goal for the upcoming Biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming Biennium? What progress does the State/Territory expect to make across the five key elements for quality

improvement systems?

1) All program quality improvement initiatives will be aligned with Quality Rated. Only programs voluntarily participating in Quality Rated will be eligible to receive funding related to quality improvement.
2) 15% of Department of Education sites with Georgia's Pre-K Program participating in Quality Rated
3) Increase participation in Quality Rated by 20%

What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

Currently all five key elements are integrated into Quality Rated. Below are identified enhancements to the elements:

Program standards – After validation, program standards will be revised based on data. Increase in standards related to cultural competency and family engagement.
1) Supports to programs to improve quality – continue technical assistance and professional development supports to increase the number of programs served.
2) Financial incentives and supports – add family bonus (lower co-payments for families who receive subsidies) to tiered reimbursement system
3) Quality assurance and monitoring – publish findings from the first year validation study
4) Outreach and consumer education – shift public awareness campaign from "What is Quality?" to "Choosing a Quality Rated program."

3.4 Pathways to Excellence for the Workforce – Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g., adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

1) Core Knowledge and Competencies
2) Career Pathways (or Career Lattice)
3) Professional Development Capacity
4) Access to Professional Development
5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

DECAL administers the Georgia Early Care and Education Professional Development System. Stakeholders, advocates, professional organizations, and higher education participated in the planning, development and deployment of the system.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition – For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

☒ Yes
☐ No, the State/Territory has not developed core knowledge and competencies. Skip to question 3.4.2.
☒ Other. Describe

Georgia's competencies for early childhood education, developed in 1995, will be revised to align with the new Georgia Early Learning and Development Standards (GELDS) following adaptation and statewide training to be completed by the end of 2013. The review is a second phase that will occur after the GELDS have been introduced statewide and will include multiple partners such as higher education, stakeholders, professional organizations, and advocates.

If yes, insert web addresses, where possible:

www.training@decal.ga.gov

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

☒ Child growth, development and learning
☒ Health, nutrition, and safety
☒ Learning environment and curriculum
☒ Interactions with children
☒ Family and community relationships
☒ Professionalism and leadership
☒ Observation and assessment
☒ Program planning and management

☒ Diversity
☐ Other. Describe
☐ None

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

☒ To define the content of training required to meet licensing requirements

Child care learning center personnel and family/group day care home providers are required to have 10 hours of state-approved training annually; learning objectives for approved training must be competency-based.

☒ To define the content of training required for program quality improvement standards (as reported in section 3.3)

☐ To define the content of training required for the career lattice or credential

☒ To correspond to the early learning guidelines

Early Learning and Development Standards have been revised and should be adopted in early 2013. These standards will inform the development of the core knowledge and skills (competencies) for practitioners, trainers, and technical assistance providers in 2014.

☐ To define curriculum and degree requirements at institutions of higher education

☒ Other. Describe

Revised GELDS are evidence-based and aligned with Common Core Georgia Performance Standards for K-12.

☐ None

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

☒ Cross-walked with the Child Development Associate (CDA) competencies

Georgia's competencies are aligned with the eight subject areas in the 120 hours of education required by the Council for Professional Recognition.

☒ Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, National Council for Accreditation of Teacher Education/Council for the Accreditation of Educator Preparation, Head Start SOLAR staff skills indicators)

☐ Cross-walked with apprenticeship competencies

☒ Other. Describe

The revised GELDS are evidence-based and aligned with Common Core Georgia Performance Standards for K-12; the revised Core Knowledge and Competencies will reflect this alignment.

☐ None

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe

☒ Providers working directly with children in family child care homes, including aides and assistants. Describe

Competencies address child development and growth; health and safety; physical and emotional competence; social and emothional development and guidance; positive relationships with families; intentional instruction; and a commitment to professionalism.

☒ Administrators in centers (including educational coordinators, directors). Describe

Georgia has developed a 40-hour training module for new directors that includes program/business management; child development and developmentally appropriate practices; parent education; communication and interpersonal skills; rules and regulations; accessing community resources; professional development and leadership; and diversity.

☒ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe

Core Knowledge and Competencies are incorporated in the 50-hour training, "Art of Technical Assistance," which is the foundation for Georgia's technical assistance providers.

☐ Education and training staff (such as trainers, CCR&R staff, faculty). Describe

☒ Other. Describe

Georgia began requiring an educational credential for all family day care home providers prior to registration (licensure) in 2010. Family day care home providers must hold an academic credential in early childhood care and education or a national credential.

☐ None

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

☒ Birth-to-three
☐ Three-to-five
☐ Five and older
☐ Other. Describe
☐ None

GAPITC provides specialized training for practitioners caring for infants and toddlers. This training is based on the WestEd Program for Infant and Toddler Care principles.

3.4.2 Workforce Element 2 - Career Pathways

Definition – For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for children.

a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

☐ Yes. Describe

☒ No, the State/Territory has not developed a career pathway. Skip to question 3.4.3.

Georgia records credentials, training, and experience in a Professional Development Registry. The registry provides a framework that indicates where a registrant falls (by comparison) on a continuum of 12 levels. Education, training, and experience combine to determine the level, but

levels do not tie directly to a specific position, role, or responsibility. The registry is voluntary. However, Pre-K lead and assistant teachers and others who receice DECAL benefits are required to enroll in the registry.

Insert web addresses, where possible: https://pdr.deca.ga.gov/.

b) Check for which roles, if any, the career pathways include qualifications, specializations or credentials.

☐ Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe
☐ Providers working directly with children in family child care homes, including aides and assistants. Describe
☐ Administrators in centers (including educational coordinators, directors). Describe
☐ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe
☐ Education and training staff (such as trainers, CCR&R staff, faculty). Describe
☐ Other. Describe
☒ None

c) Does the career pathways (or lattice) include specializations or credentials, if any, for working with any of the following children?

☐ Infants and toddlers
☐ Preschoolers
☐ School-age children
☐ Dual language learners
☐ Children with disabilities, children with developmental delays, and children with other special needs
☐ Other. Describe
☒ None

d) In what ways, if any, is the career pathway (or lattice) used?
☒ Voluntary guide and planning resource
☐ Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13
☐ Required placement for all practitioners working in programs that receive public funds to serve children birth to 13
☐ Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)
☐ Required placement for participation in scholarship and/or other incentive and support programs
☒ Required placement for participation in the QRIS or other quality improvement system

☐ Other. Describe

The career lattice provides a framework; it is a voluntary guide.

☐ None

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice?)?

☒ Yes. If yes, describe

Educational credentials and training must be documented and is verified when entered in the registry. Spearheaded by a local professional association, the career levels of the registry are illustrated with a tool developed by a consortium of technical assistance providers; representatives from higher education, professionanl organizations and members and DECAL staff. The tool matches educational attainment with industry opportunities of progressively higher levels of responsibility.

http://www.acetonline.org/career_choices1.htm

☐ No

3.4.3 Workforce Element 3 – Professional Development Capacity

Definition – For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Early childhood includes infants, toddlers and preschoolers.

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

☒ Yes. If yes, describe

More than 30 public and private two- and four-year institutions offer an early childhood education degree. Georgia's system of technical colleges, with its 25 members at multiple sites, can be accessed within one hour by any Georgian. Technical colleges also provide shorter courses of study that

lead to academic credentials and are a pipeline to four-year degree-granting institutions.

Five four-year institutions offer teacher preparation leading to a Birth – 5 certification.

☐ No

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both physical location and distance-based, degree level, etc.)?

☒ Yes. If yes, describe

The Georgia Training Approval System assesses prospective trainers' credentials and experience, the training they offer, and provides a "trainer" designation of Trainer I, II, or III. This list is maintained in a central database that is accessible to providers via a website, www.training@decal.ga.gov. The same system approves technical assistance providers.

Currently, Georgia has more than 500 state approved trainers and more than 5,000 state approved training offerings. The training system also assesses instructors for the 120-hour CDA preparation courses.

☐ No

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

☐ Standards set by the institution
☐ Standards set by the State/Territory higher education board
☐ Standards set by program accreditors
☒ Standards set by State/Territory departments of education
☐ Standards set by national teacher preparation accrediting agencies
☐ Other. Describe
☐ None

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

☒ Training approval process. Describe

Trainers are approved and assigned a "trainer" level based on their education, early childhood experience, a completion of "train-the-trainer" module, and experience with adult learniners. In a separate process, trainers submit their training modules for review. Each training module

undergoes a rigorous review for content, structure, and objectives that are competency-based and aligned with core knowledge and compentencies.

☒ Trainer approval process. Describe
☐ Training and/or technical assistance evaluations. Describe

Participants in training sessions are surveyed and unannounced monitorting visits are conducted by Georgia Training Approval staff.

☐ Other. Describe
☐ None

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

☒ Yes. If yes, describe

DECAL has encouraged, and in some instanced funded, collaboration between four-year institutions of higher education and Georgia's technical colleges that award associate degrees. Public and private institutions have entered into articulation agreements for a smoother transition between the two levels of higher ed, although it is not universal throughout the state.

In addition, several four-year institutions also award associate degrees in education with a special early childhood education track of 25 credit hours or more.

☐ No

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

☒ Yes. If yes, describe

Georgia's technical colleges will accept a valid Child Development Associate (CDA) credential for transformation into three courses if the practitioner enrolls in a degree program or in a technical college diploma program. The technical college diploma program is a shorter program of study (53 credit hours) that articulates to a degree program.

☐ No

3.4.4 Workforce Element 4 – Access to Professional Development

Definition – For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

    ☒ Yes. If yes, for which sectors?
        ☒ Child care
        ☒ Head Start/Early Head Start
        ☒ Pre-Kindergarten
        ☐ Public schools
        ☒ Early intervention/special education
        ☐ Other. Describe
    ☐ No

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

    ☒ Yes. If yes, describe

    Georgia Training Approval hosts a calendare of available state-approved training and trainers.

    ☐ No

    Insert web addresses, where possible:

    www.decal.training.ga.gov

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

    ☒ Scholarships. Describe

    Georgia provides scholarships to eligible teachers to support them to increase their academic credentials in early childhood care and education and child development.

    ☒ Free training and education. Describe Free training is provided through several avenues: local child care resource and referral agencies; the Georgia Program for Infant and Toddler Care; Georgia's tiered quality rating and improvement system, Quality Rated, and through other DECAL-funded training initiatives.

☐ Reimbursement for training and education expenses. Describe
☐ Grants. Describe
☐ Loans. Describe
☐ Loan forgiveness programs. Describe
☐ Substitute pools. Describe
☐ Release time. Describe
☐ Other. Describe
☐ None

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

☒ Yes. If yes, describe

Career advisement is provided through the state-supported SCHOLARSHIPS program.

☐ No

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

☒ Yes. If yes, describe Technical assistance is provided through local child care resource and referral agencies; by DECAL staff working with programs applying for a level in the tiered quality rating and improvement system and Georgia Program for Infant and Toddler Care; and through grant-funded national accreditation projects.

☐ No

3.4.5 Workforce Element 5- Compensation, Benefits and Workforce Conditions

Definition – For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

a) Does the State/Territory have a salary or wage scale for various professional roles?

☐ Yes. If yes, describe
☒ No

b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

☒ Yes. If yes, describe

Georgia's INCENTIVES program provides a two-payment salary bonus for teachers and directors who earn an early care and education credential. INCENTIVES are awarded for each increase in education credentials to encourage early childhood educators to continue to advance their formal education.

☐ No

c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

☐ Yes. If yes, describe
☒ No

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

☐ Yes. If yes, describe
☒ No

3.4.6 Data & Performance Measures on the Child Care Workforce –
What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

☒ Data on the size of the child care workforce. Describe (optional)

The Lead Agency has uniform data collection for Georgia's Pre-K Program teachers and assistant teachers that began in December 2012.

☐ Data on the demographic characteristics of practitioners or providers working directly with children. Describe (optional)

☒ Records of individual teachers or caregivers and their qualifications. Describe (optional)

The Lead Agency has collected data on the Georgia's Pre-K teachers since the program's inception. It is collecting this data for the first time on early care and education and school age care programs that do not offer Georgia's Pre-K Program.

☒ Retention rates. Describe (optional)

The Lead Agency does have retention rates for lead and assistant teachers trended for the past three years.

☒ Records of individual professional development specialists and their qualifications. Describe (optional)

The Lead Agency maintains a list of "state-approved" trainers that have been approved by the Georgia Training Approval System.

☐ Qualifications of teachers or caregivers linked to the programs in which they teach. Describe (optional)

☒ Number of scholarships awarded. Describe (optional)

The Lead Agency, DECAL, documents annual participation in the voluntary SCHOLARSHIPS program.

☒ Number of individuals receiving bonuses or other financial rewards or incentives. Describe (optional)

The Lead Agency maintains data on practitioners awarded a salary bonus through the INCENTIVES program.

☒ Number of credentials and degrees conferred annually. Describe (optional)

The Technical College System of Georgia collects data annually from the member institutions but there is no statewide collection of this data from all institutions of higher education.

☐ Data on T/TA completion or attrition rates. Describe (optional)
☐ Data on degree completion or attrition rates. Describe (optional)
☐ Other. Describe
☐ None

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition – For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

☒ Yes.

Georgia's Professional Development Registry is a voluntary system that allows practitioners to enter their education, experience, and training into a central location. The system provides a downloadable "professional profile" and "resume" to users. See https://pdr.decal.ga.gov/.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

☒ Staff working directly with children in centers, including aides, assistants, teachers, master teachers. Describe:

The voluntary role is a part of the system to be inclusive across programs and across education levels.

☒ Providers working directly with children in family child care homes, including aides and assistants. Describe:

The voluntary role is a part of the system to be inclusive across programs and across education levels.

☒ Administrators in centers (including educational coordinators, directors). Describe:

The voluntary role is a part of the system to be inclusive across programs and across education levels.

☒ Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.). Describe:

The voluntary role is a part of the system to be inclusive across programs and across education levels.

☒ Education and training staff (such as trainers, CCR&R staff, faculty). Describe:

The voluntary role is a part of the system to be inclusive across programs and across education levels.

☐ Other. Describe
☐ None

b-2) Does the workforce data system apply to:

☐ all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to age 13?
☐ all practitioners working in programs that receive public funds to serve children birth to age 13?

☒ No

The system is voluntary and open to any early childhood education professional. See https://pdr.decal.ga.gov/.

c) **Performance measurement**. What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

Programs participating in Quality Rated are assessed using the Environment Rating Scales.

Participants in the Georgia PITC, through a series of training activities, demonstrate their ability to apply knowledge gained in training. The activities are observed by the instructors who provide immediate feedback and coaching. See http://gapitc.org/.

d) **Evaluation**. What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

The Lead Agency will increase the onsite monitoring of approved trainers to ensure that training is delivered as designed and delivered in a manner that meets the stated objectives.

Review and evaluate the findings of a workforce study commissioned in 2012 that includes a gap analysis.

3.4.7 Goals for the next Biennium –
In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium and are encouraged to identify no more than five priority goals total. ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). Lead Agencies are not required to

establish a goal for each sub-section in 3.4. Lead Agencies will report progress and updates on these goals in the annual Quality Performance Report (Appendix 1), including any barriers encountered.

What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

Note – When identifying your goals below, Lead Agencies are encouraged to begin with an action verb reflecting the desired result over the two year period (e.g., Increase, Improve, Build, Align, Implement, Review, Revise, Streamline, Expand, etc.)

Goal 1 – Review and align professional development competencies for early childhood educators, school-age caregivers, administrators, and technical assistance providers with the revised Georgia Early Learning and Development Standards once adopted (by 2015).
Goal 2 – Introduce and train approved trainers on the revised Georgia Early Learning and Development Standards and competencies.
Goal 3 – Increase the monitoring of state-approved trainers to ensure the delivery of high quality training; 10% of active trainers will receive an on-site monitoring visit in 2014.
Goal 4 – Increase the number of practitioners pursuing academic credentials or degrees through the state-sponsored SCHOLARSHIPS program by 10%.

AMENDMENTS LOG

CHILD CARE AND DEVELOPMENT FUND PLAN FOR GEORGIA:
FOR THE PERIOD: 10/1/13 – 9/30/15

Lead Agencies are required to request approval from Administration for Children and Families (ACF) whenever a "substantial" change in the Lead Agency's approved CCDF plan occurs. Please refer to the ACF Program Instruction regarding CCDF Plan amendments for more information http://www.acf.hhs.gov/programs/occ/resource/pi-2009-01

Plan amendments must be submitted to ACF within 60 days of the effective date of the change. Under the regulation, the plan amendment must be approved no later than the 90th day following the date on which the amendment is received by ACF unless the Lead Agency and ACF mutually agree in writing to extend the period. (§98.18 (b)).

ACF encourages Lead Agencies to contact the Child Care program staff in the appropriate ACF Regional Office to discuss any proposed amendment as early as possible.

Instructions for Submitting Amendments:

Complete the first 3 columns of the Amendment Log and send a copy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.

ACF will complete column 4 and returns a photocopy of the Log to the grantee following its review and approval of the amendment. The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

<div style="border:2px solid black; padding:10px; text-align:center;">

APPENDIX 1
QUALITY PERFORMANCE REPORT

</div>

This annual report will be submitted to ACF no later than December 31, 2014 and will reflect the period October 1, 2013 through September 30, 2014. Lead Agencies will leave this report blank when the Plan is initially submitted.

In this report, Lead Agencies are asked about the State/Territory's progress in meetings its goals as reported in the FY 2014-2015 CCDF Plan, and provide available data on the results of those activities. At a minimum, Lead Agencies are expected to respond to the first question in each section of the Quality Performance Report (QPR) which asks for their progress toward meeting their goal(s) articulated in Part 2 and Part 3 of the CCDF Plan for this Biennium.

Because of the flexibility in administering the CCDF program, it is expected that Lead Agencies may not have information and data available to respond to all questions. A Describe box is provided for each question for Lead Agencies to provide descriptive context for data reported and narrative updates in each data section, including any plans for reporting data in the future, if actual data is not currently available or if specific questions are not applicable. Lead Agencies may use data collected by other agencies and entities (e.g., CCR&R agencies or other contractors) as appropriate. The term Lead Agency is used in questions when the data relate to a CCDF-specific activity, otherwise the term State/Territory is used when another entity may be responsible or involved with an activity (e.g., licensing).

The purpose of this annual report is to capture State/Territory progress on improving the quality of child care. Specifically, this report will:

- Provide a national assessment of State's and Territory's progress toward improving the quality of child care, including a focus on program quality and child care workforce quality;
- Track State's and Territory's annual progress toward meeting high quality indicators and benchmarks, including those that they set for themselves in their CCDF Plans and those that are of interest to the U.S. Department of Health and Human Services in measuring CCDF program performance;
- Assist national and State/Territory technical assistance efforts to help States/Territories make strategic use of quality funds; and
  Assist with program accountability

This report collects progress on the five goals identified in Part 2 and Part 3 of the Child Care and Development Fund (CCDF) Plan for FY2014-2015 along with key data in relation to the four components of child care quality used as a quality framework in Part 3 of the Child Care and Development Fund Plan for FY 2014-2015:

1. Ensuring health and safety of children through licensing and health and safety standards

2. Establishing early learning guidelines
3. Creating pathways to excellence for child care programs through program quality improvement activities
4. Creating pathways to an effective, well-supported child care workforce through professional development systems and workforce initiatives.

Ensuring the Health and Safety of Children (Component #1)

In this section, Lead Agencies provide information on the minimum health and safety standards and activities in effect over the past year as of September 30, 2014.

A1.1 Progress on Overall Goals

Based on the goals described in the Lead Agency's CCDF Plan at Section 3.1.7, please report your progress using the chart below.
You may include any significant areas of progress that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., revised licensing regulation to include elements related to SIDS prevention, lowered caseload of licensing staff to 1:50, or increased monitoring visits to twice annually for child care centers). If applicable, describe any barriers to implementing your planned goals.

Goals Described in FY 2014-2015 CCDF Plan	Describe Progress – Include Examples and Numeric Targets where Possible

Note: If your licensing standards changed during this period, please provide a brief summary of the major changes and submit the updated regulations to the National Resource Center for Health and Safety in Child Care (www.nrckids.org.) _____

A1.2 Key Data

OCC is collecting this information as one part of our overall effort to better understand States/Territories' activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here and that some data requested may be collected by another agency or entity other than the Lead Agency. Each State/Territory's policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. For example, the number of programs with licensing violations will be affected by how stringent the licensing standards are. States with more stringent standards may be more likely to

report more violations than those with less stringent licensing standards. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A1.2.1 Number of Programs

a) How many licensed center-based programs operated in the State/Territory as of September 30, 2014? _____
☐ N/A
Describe: _____

b) How many licensed home-based programs operated in the State/Territory as of September 30, 2014? _____
☐ N/A
Describe: _____

c) Does the State/Territory have data on the number of programs operating in the State/Territory that are legally exempt from licensing? At a minimum, the Lead Agency should provide the number of legally exempt providers serving children receiving CCDF.

☐ Yes. If yes, include the number of programs as of September 30, 2014 and describe _____ (Use the Describe Box to provide the universe of programs on which the number is based)
☐ No. Describe: _____

A1.2.2 Number and Frequency of Monitoring Visits

For licensed programs, a monitoring visit is an onsite visit by department personnel to a licensed child care program with the goal of ensuring compliance with licensing regulations. This may include initial licensing determination visits, licensing renewal visits, periodic announced or unannounced visits, and visits made after a complaint is lodged. For legally exempt providers, a monitoring visit is an onsite visit to a child care program with the goal of ensuring compliance with health and safety standards as defined by CCDF and required for receipt of CCDF funds. Use the Describe box to provide your State/Territory monitoring visit requirement.

a) How many licensed center-based programs received at least one monitoring visit between October 1, 2013 and September 30, 2014? _____
a-1) Of those programs visited, how many were unannounced? _____
a-2) Of those programs visited, how many were triggered by a complaint or identified risk? _____
a-3) What percentage of required visits for licensed center-based program were completed? _____
☐ N/A
Describe: _____

b) How many licensed family child care programs received at least one monitoring visit between October 1, 2013 and September 30, 2014? _____
   b-1) Of those programs visited, how many were unannounced? _____
   b-2) Of those programs visited, how many were triggered by a complaint or identified risk? _____
   b-3) What percentage of required visits for licensed family child care programs were completed? _____
   ☐ N/A
   Describe: _____

c) How many legally exempt providers receiving CCDF received at least one monitoring visit between October 1, 2013 and September 30, 2014? Of those,
   c-1) Of those programs visited, how many were unannounced? _____
   c-2) Of those programs visited, how many were triggered by a complaint or identified risk? _____
   c-3) What percentage of required visits for legally exempt providers were completed? _____
   ☐ N/A
   Describe: _____

A1.2.3 Number of Licensing Suspensions, Licensing Revocations and Terminations from CCDF

Suspension of license includes any enforcement action that requires the temporary suspension of child care services because of licensing violations. Revocation of license includes termination or non-renewal of licensure and any other enforcement action that requires the closure of a program because of licensing violations.

	How many programs had their licenses suspended due to licensing violations as defined in your State/Territory during the last fiscal year?	How many programs had their licenses revoked due to licensing violations as defined in your State/Territory during the last fiscal year?	How many programs were terminated from participation in CCDF due to failure to meet licensing or minimum CCDF health and safety requirements during the last fiscal year?	N/A	Describe
Child Care Centers	_____	_____	_____	☐	_____
Group Child Care Homes	_____	_____	_____	☐	_____
Family Child Care Homes	_____	_____	_____	☐	_____

	How many programs had their licenses suspended due to licensing violations as defined in your State/Territory during the last fiscal year?	How many programs had their licenses revoked due to licensing violations as defined in your State/Territory during the last fiscal year?	How many programs were terminated from participation in CCDF due to failure to meet licensing or minimum CCDF health and safety requirements during the last fiscal year?	N/A	Describe
In-Home Providers	_____	_____	_____	☐	_____

A1.2.5 How many previously license-exempt providers were brought under the licensing system during the last fiscal year? _____

☐ N/A

Describe: _____

A1.2.6 How many injuries as defined by the State/Territory occurred in child care during the last year?

Please provide your definition of injuries in the Describe box and indicate the universe of programs on which the number is based (e.g., licensed providers, CCDF providers, or all providers). _____

☐ N/A

Describe: _____

A1.2.7 How many fatalities occurred in child care or as the result of a child care accident or injury as of the end of the last year?

Please indicate the universe of programs on which the number is based (e.g., licensed providers, CCDF providers, or all providers). _____

☐ N/A

Describe: _____

Establishing Early Learning Guidelines (Component #2)

A2.1 Progress on Overall Goals

A2.1.1 Did the State/Territory make any changes to its voluntary early learning guidelines (including guidelines for school-age children) as reported in 3.2 during the last fiscal year?

☐ Yes. Describe _____

☐ No

A2.1.2 Based on the goals described in the Lead Agency's CCDF Plan at Section 3.2.8, please report your progress.

You may include any significant areas of progress that that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., Expanded the number of programs

trained on using the ELG's, Aligned the ELG's with Head Start Child Development and Early Learning Framework). If applicable, describe any barriers to implementing your planned goals.

Goals Described in FY 2014-2015 CCDF Plan	Describe Progress – Include Examples and Numeric Targets where Possible

A2.2 Key Data

OCC is collecting this information as one part of our overall effort to better understanding State/Territory activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here. Each State/Territory's policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A2.2.1a How many individuals were trained on early learning guidelines (ELG's) or standards over the last fiscal year?
Responses to this question should be consistent with information provided in question 3.2.3 in the CCDF Plan.

Provider Categories	Birth to Three ELG's	Three-to-Five ELG's	Five and Older ELG's	N/A	Describe
How many teachers/practitioners in center-based programs were trained on ELG's over the past year? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children)	⎯⎯⎯	⎯⎯⎯	⎯⎯⎯	☐	⎯⎯⎯
How many family child care providers were trained on ELG's over the past year? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children)	⎯⎯⎯	⎯⎯⎯	⎯⎯⎯	☐	⎯⎯⎯
How many legally exempt providers	⎯⎯⎯	⎯⎯⎯	⎯⎯⎯	☐	⎯⎯⎯

Provider Categories	Birth to Three ELG's	Three-to-Five ELG's	Five and Older ELG's	N/A	Describe
were trained on ELG's over the past year? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children)					

A2.2.1b How many children are served in programs implementing the ELG's?
Refer to question 3.2.4 in the CCDF Plan for examples of how ELG's can be implemented in programs. Program capacity can be used as an estimate of children served.

Provider Categories	Birth to Three ELG's	Three-to-Five ELG's	Five and Older ELG's	N/A	Describe
How many children are served in center-based programs implementing the ELG's? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children)	_____	_____	_____	☐	_____
How many children are served in program implementing the ELG's? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children)	_____ _____	_____ _____	_____ _____	☐	_____
How many children are served in programs implementing the ELG's? Separate by age group if possible (e.g., infants and toddlers, preschoolers, school-age children)	_____ _____	_____ _____	_____ _____	☐	_____

Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3)

A3.1 Progress on Overall Goals

A3.1.1 Based on the goals described in the Lead Agency's CCDF Plan at Section 3.3.9, please report your progress.
You may include any significant areas of progress that that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., Expanded the number of programs included in the QRIS, Aligned the QRIS standards with Head Start performance standards, or expanded the number of programs with access to an on-site quality consultant). If applicable, describe any barriers to implementing your planned goals.

Goals Described in FY 2014-2015 CCDF Plan	Describe Progress – Include Examples and Numeric Targets where Possible

A3.2 Key Data

OCC is collecting this information as one part of our overall effort to better understanding State/Territory activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here. Each State/Territory's policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A3.2.1 Number of Program Receiving Targeted Technical Assistance

Targeted technical assistance is technical assistance (coaching, mentoring and consultation) that is designed to address a particular domain/area of quality. Responses in this section should be consistent with responses provided in question 3.3.2 in the CCDF Plan which focuses on targeted technical assistance to programs (rather than practitioners) that is intended for moving programs to higher levels of quality.

a) How many programs received targeted technical assistance during the last fiscal year (October 1, 2013 through September 30, 2014)? _____
☐ N/A
Describe: _____

b) If possible, report the number of programs who received targeted technical assistance in the following areas:
Health and safety _____
Infant and toddler care _____

School-age care _____
Inclusion _____
Teaching dual language learners _____
Understanding developmental screenings and/or observational
assessment tools for program improvement purposes _____
Mental health _____
Business management practices _____
☐ N/A
Describe: _____

A3.2.2 Number of Programs Receiving Financial Supports

Responses to this question should be consistent with responses provided in question 3.3.3 of the CCDF Plan. **Financial supports** must be intended to reward, improve, or sustain quality. They can include grants, cash, reimbursements, gift cards, or purchases made to benefit a program. This includes tiered reimbursements for CCDF subsidies. **One-time grants, awards, or bonuses** include any kind of financial support that a program can receive only once. **On-going or periodic quality stipends** include any kind of financial support intended to reward, improve, or sustain quality that a program can receive more than once.

a) How many programs received one-time, grants, awards or bonuses?
Child Care Centers _____
☐ N/A
Describe: _____
Family Child Care Homes _____
☐ N/A
Describe: _____

b) How many programs received on-going or periodic quality stipends?
Child Care Centers _____
☐ N/A
Describe: _____
Family Child Care Homes _____
☐ N/A
Describe: _____

A3.2.3 Number of Eligible Programs for State/Territory QRIS or Other Quality Improvement System

a) What is the total number of eligible child care centers for QRIS _____ OR Other Quality Improvement System? _____
☐ N/A
Describe: _____

b) What is the total number of eligible family child care homes for QRIS _____ OR Other Quality Improvement System? _____
☐ N/A
Describe: _____

c) What is the total number of eligible license-exempt providers for QRIS _____ OR Other Quality Improvement System? _____
☐ N/A
Describe: _____

A3.2.4 Number and Percentage of Programs Participating in State/Territory QRIS or Other Quality Improvement System

a) Of the total number eligible as reported in A3.2.3, what is the total number and percentage of child care center programs in the State/Territory that participate in the State/Territory QRIS or other quality improvement system for programs over the last fiscal year?

> Number of Child Care Centers Participating in QRIS _____ OR Other Quality Improvement System _____
>
> Percentage of Child Care Centers Participating in QRIS _____ OR Other Quality Improvement System _____
> ☐ N/A
> Describe: _____

b) Of the total number eligible as reported in A3.2.3, what is the total number and percentage of family child care programs in the State/Territory that participate in the State/Territory QRIS or other quality improvement system for programs over the last fiscal year?

> Number of Family Child Care Homes QRIS _____ OR Other Quality Improvement System _____
>
> Percentage of Family Child Care Homes QRIS _____ OR Other Quality Improvement System _____
> ☐ N/A
> Describe: _____

c) Of the total number eligible as reported in A3.2.3, what is the total number and percentage of license-exempt programs in the State/Territory that participate in the State/Territory QRIS or other quality improvement system for programs over the last fiscal year?

> Number of License-Exempt Providers QRIS _____ OR Other Quality Improvement System _____
>
> Percentage of License-Exempt Providers QRIS _____ OR Other Quality Improvement System _____
> ☐ N/A
> Describe: _____

A3.2.5. Number of Programs at Each Level of Quality

Draft for Public Comment – April 2013

For each type of care, provide the total number of quality levels and the number of programs at that level of the total number of participating as reported in A3.2.4. Describe metric if other than QRIS, such as accreditation.

	Number of levels of quality	Number of programs at each level	N/A	Describe
Child Care Centers	_____	_____	☐	_____
Family Child Care Homes	_____	_____	☐	_____
License-Exempt Providers	_____	_____	☐	_____

A3.2.6 Number of Programs Who Moved Up or Down within QRIS

If quality threshold is something other than QRIS, describe the metric used, such as accreditation. These numbers ARE NOT expected to total the number of participating programs in the QRIS as reported in A3.2.4.

	How many programs moved up within the QRIS or achieved another quality threshold established by the State/Territory over the last fiscal year?	How many programs moved down within the QRIS or achieved another quality threshold established by the State/Territory over the last fiscal year?	N/A	Describe
Child Care Centers	_____	_____	☐	_____
Family Child Care Homes	_____	_____	☐	_____
License-Exempt Providers	_____	_____	☐	_____

A3.2.7 Number of CCDF Subsidized Children Served in Programs Participating in the State/Territory Quality Improvement System

Note. If the State/Territory does not have a formal QRIS, the State/Territory may define another quality indicator and report it here.

a) What percentage of CCDF children were served in participating programs during the last fiscal year? _____

b) What percentage of CCDF children were served in high quality care as defined by the State/Territory? _____ Provide the definition of high quality care in the Describe box. This may include assessment scores, accreditation, or other metric, if no QRIS.
   ☐ N/A
   Describe: _____

CCDF Plan Effective Date: October 1, 2013   Page 140
Amended Effective: _____

Pathways to Excellence for the Child Care Workforce: Professional Development Systems and Workforce Initiatives (Component #4)

A4.1 Progress on Overall Goals

A4.1.1 Based on the goals described in the Lead Agency's CCDF Plan at Section 3.4.7, please report your progress.
You may include any significant areas of progress that that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., Implement a wage supplement program, Develop articulation agreements). If applicable, describe any barriers to implementing your planned goals.

Goals Described in FY 2014-2015 CCDF Plan	Describe Progress – Include Examples and Numeric Targets where Possible

A4.2 Key Data

OCC is collecting this information as one part of our overall effort to better understanding State/Territory activities to improve the quality of child care. OCC recognizes that the data requested in this report will only provide part of that picture because there are many factors which affect the data being collected here. Each State/Territory's policy context and priorities and standards will play a role in the way that quality improvement activities are developed and implemented. OCC intends to work with the States/Territories to gather any additional contextual information necessary in order to fully understand the context of these data for any reporting activities involving this information.

A4.2.1 Number of Teachers/Caregivers and Qualification Levels

a) What is the total number of child care center teachers in the State/Territory as of September 30, 2014? _____
  ☐ N/A
  Describe: _____

b) What is the total number of family child care providers in the State/Territory as of September 30, 2014? _____
  ☐ N/A
  Describe: _____

c) What is the number of center teachers and family child care providers by qualification level as of the end of the last fiscal year? Count only the highest level of education attained.

	Child Care Center Teachers	**Family Child Care Providers**	**N/A**	**Describe**
Child Development Associate (CDA)	_____	_____	☐	_____
State/Territory Credential	_____	_____	☐	_____
Associate's degree	_____	_____	☐	_____
Bachelor's degree	_____	_____	☐	_____
Graduate/Advanced degree	_____	_____	☐	_____

A4.2.2 Number of Individuals Included in State/Territory's Professional Development Registry during Last Fiscal Year (October 1, 2013 through September 30, 2014)
　　　Teachers in child care centers _____
　　　Family child care home providers _____
　　　License-exempt providers _____
　　　☐ N/A
　　　Describe: _____

A4.2.3 Number of Individuals Receiving Credit-Based Training and/or Education as defined by State/Territory during the last fiscal year
　　　Teachers in child care centers _____
　　　Family child care home providers _____
　　　License-exempt providers _____
　　　☐ N/A
　　　Describe: _____

A4.2.4 Number of Credentials and Degrees Awarded during Last Fiscal Year
If possible, list the type of credential or degree and in what type of setting the practitioner worked.

Setting	**List Type of Credential and Provide Number Awarded**	**List Type of Degree and Provide Number Awarded**	**N/A**	**Describe**
Teachers in child care centers	_____	_____	☐	_____
Family child care home providers	_____	_____	☐	_____

Setting	List Type of Credential and Provide Number Awarded	List Type of Degree and Provide Number Awarded	N/A	Describe
License-exempt providers	_____	_____	☐	_____

A4.2.5 Number of Individuals Receiving Technical Assistance during Last Fiscal Year

Describe any data you track on coaching, mentoring, or other specialist consultation. If possible, include in what type of setting the practitioner worked. Responses to this question should be consistent with information provided in question 3.4.4e of the CCDF Plan.

Setting	List Type of Technical Assistance and Provide Number	N/A	Describe
Teachers in child care centers	_____	☐	_____
Family child care home providers	_____	☐	_____
License-exempt providers	_____	☐	_____

A4.2.6 Type of Financial Supports Provided and Number of Teachers/Providers Receiving as of End of Last Fiscal Year?

☐ Scholarships. How many teachers/providers received? _____
☐ Reimbursement for Training Expenses. How many teachers/providers received? _____
☐ Loans. How many teachers/providers received? _____
☐ Wage supplements. How many teachers/providers received? _____
☐ Other. Describe _____
☐ N/A
Describe: _____

Building Subsidy Systems that Increase Access to High Quality Care

---

In this section, Lead Agencies provide progress on their subsidy administration goals over the past year as of September 30, 2014.

A5.1 Progress on Overall Goals

Based on the goals described in the Lead Agency's CCDF Plan at Section 2.8, please report your progress using the chart below. You may include any significant areas of progress that were not anticipated in the Plan, as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible (e.g., established copayment policies that sustain income and sustain

quality, or established eligibility policies that promote continuity of care). If applicable, describe any barriers to implementing your planned goals.

Goals Described in FY 2014-2015 CCDF Plan	Describe Progress – Include Examples and Numeric Targets where Possible

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┌─────────────────────────────────────────────────────────────┐
│ ┌───────────────────────────────────────────────────────────┐ │
│ │                        APPENDIX 2                          │ │
│ │       CCDF PROGRAM ASSURANCES AND CERTIFICATIONS           │ │
│ └───────────────────────────────────────────────────────────┘ │
└─────────────────────────────────────────────────────────────┘
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The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

(1)   upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))

(2)   the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))

(3)   in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))

(4)   the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))

(5)   with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))

(6)   that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))

(7)   that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

(1)   it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

(2)   it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

(3)   it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))

(4)   it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))

(5)   there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))

(6)   procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))

(7)   payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. **Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
    http://www.hhs.gov/forms/HHS690.pdf

2. **Certification regarding debarment:**
    http://www.acf.hhs.gov/grants/certification-regarding-debarment-suspension-and-other

3. **Definitions for use with certification of debarment:**
    http://www.acf.hhs.gov/grants/certification-regarding-debarment-suspension-and-other-0

4. **HHS certification regarding drug-free workplace requirements**:
    http://www.acf.hhs.gov/grants/certification-regarding-drug-free-workplace-requirements

5. **Certification of Compliance with the Pro-Children Act of 1994**:
    http://www.acf.hhs.gov/grants/certification-regarding-environmental-tobacco-smoke

6. **Certification regarding lobbying:**
    http://www.acf.hhs.gov/grants/certification-regarding-lobbying

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If the there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

APPENDIX 3
ATTACHMENTS

ATTACHMENT 2.2.9

(PLEASE PRINT)	PLEASE FILL IN THE FOLLOWING INFORMATION

Your Name: First Name Middle Initial Last Name	Telephone Numbers Home: Work: Cell:
Social Security No. Date of Birth	Email Address:

Residential Address:	Street	Apt.	City	County	Zip Code
Mailing Address:	Street	Apt.	City	County	Zip Code

Do both the Parents of the child(ren) needing care live at the address above? ☐ Yes ☐ No

Name of other Parent   Social Security No.   -   -   Date of Birth   /   /

Have you received subsidized child care from Childcare And Parent Services (CAPS) before? ☐ Yes ☐ No If so, what county were you living in?

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

ACTIVITY INFORMATION

Why do you need child care? ☐ Training   ☐ Education   ☐ Working

SCHOOL INFORMATION

Name and address of Program/School you are enrolled in:	Are you a full time student as deemed by the school? ☐ Yes ☐ No

CURRENT EMPLOYMENT INFORMATION

(Include spouse or other parent's employment information)

First Name, Middle Initial, Last Name	Employer's Name and Address	Telephone No. of Employer	Weekly Work Schedule	Total No. Hours per Week

Georgia Department of Human Services
APPLICATION FOR CHILD CARE SERVICES

INCOME INFORMATION

(Include spouse or other parent's information)

SOURCE OF INCOME	NO	YES	APPLICANT	SPOUSE/ OTHER PARENT	INCOME BEFORE DEDUCTIONS	HOW OFTEN PAID	MONTHLY GROSS INCOME
WAGES/SALARY/SELF EMPLOYMENT	☐	☐	☐		$		$
UNEMPLOYMENT COMPENSATION	☐	☐	☐		$		$
SOCIAL SECURITY	☐	☐	☐		$		$
WORKER'S COMPENSATION	☐	☐	☐		$		$
ALIMONY	☐	☐	☐		$		$
CHILD SUPPORT	☐	☐	☐		$		$
REGULAR LOTTERY PAY	☐	☐	☐		$		$

CAPITAL GAINES	☐	☐	☐		$		$
BOARDER INCOME	☐	☐	☐		$		$
RENTAL INCOME	☐	☐	☐		$		$
DISABILITY PAYMENT	☐	☐	☐		$		$
DIVIDENDS	☐	☐	☐		$		$
INTEREST	☐	☐	☐		$		$
RETIREMENT/PENSION	☐	☐	☐		$		$
TRUST FUND	☐	☐	☐		$		$

CHILD INFORMATION

CHILD NAME	SEX	DATE OF BIRTH	Social Security No.	CHILD NAME	SEX	DATE OF BIRTH	Social Security No.

YOUR RIGHTS AND RESPONSIBILITIES

☐ The information you share with your case manager is confidential. This means that what you tell your case manager cannot be shared with anyone other than the Department of Human Resources without your permission except for officially designated program review agents.

☐ You have a right to see your case file unless this is prohibited by Federal or State law or regulations.

☐ You have a right not to be discriminated against because of political affiliation, religion, race, color, sex, handicap, national origin or age. Should a problem arise about your application, placement or change in service, DHS will address it promptly. If you are still not satisfied, you may call 1-800-869-1150 (this is a free call) or file for an Administrative Hearing.

☐ I understand that I may receive child care services as long as funds are available and I remain eligible and have complied with all CAPS program requirements.

☐ I certify that this application for services has been examined by me and that the information given is true and correct to the best of my knowledge and belief.

☐ I agree to provide such information as I can to the eligibility authority for the purpose of determining eligibility for assistance.

☐ I agree to provide the eligibility authority with information to verify any statements given in this application and hereby give permission to obtain such verification. I will cooperate fully with State and Federal personnel in a quality control review.

☐ I understand that I am receiving child care because I am low income, am working, in school, in vocational/technical training and need child care. It is my responsibility to report any changes in my circumstances to the eligibility authority within 10 calendar days of becoming aware of the change.

☐ I understand that child care in support of education and training requires me to be enrolled in an approved program, attend and to maintain passing grades.

☐ I understand that my child should attend the child care program regularly. If my child must be absent, I should give the provider as much advance notice as possible. I also understand that some providers may request signed statements of absences.

☐ I agree to report within 10 calendar days if my child(ren) is(are) no longer enrolled in child care or moves out of my home, or if the absent parent(s) of the child(ren) returns to the home.

☐ I agree to pay my child care fee to the provider, if applicable.

☐ I understand that if I fail to pay my child care fee my CAPS case will be closed.

☐ You have a right to file an appeal if your fee increases or your assistance is stopped and you do not agree with this decision. Your case manager will help you file an appeal if you wish to do so.

☐ I understand some child care providers charge for extra services, such as late pick-ups, transportation, etc. The provider's rate may also be more than the amount I am authorized to receive through DHS. DHS does **not** pay for these extra services.

☐ I understand that I will have to pay the provider if I receive child care during a period in which I am ineligible or for any child care that DHS did not authorize.

☐ I understand that the child care provider I have chosen is NOT affiliated with or an agent of DHS and that the eligibility authority nor DHS in no way warrant the services rendered and the provider acts solely as an independent contractor in its capacity as a child care provider.

☐ Under Georgia Law, any person who by false statements, withholding information, impersonation or other fraudulent device, obtain or attempts to obtain, or any person who intentionally aids or abets such person in obtaining any public assistance payments, food stamp allotment or medical assistance to which he is not entitled or greater amount than that which he is entitled, shall be punished for a misdemeanor unless the amount obtained exceeds $500 in which event he may be punished for a felony. (See Georgia Code OCGA 49-4-45 for the full reference.) I understand the meaning of this paragraph.

Applicant Signature: _____   Date: _____

Case Manager Signature: _____   Date: _____

RACE / ETHNIC AFFILIATION FOR HEAD OF HOUSEHOLD ONLY

The following information is being collected only to be sure that everyone receives assistance on a fair basis. This information will not affect your eligibility, and is optional.

Ethnicity (check one): ☐ Hispanic   ☐ Not Hispanic

Race: ☐ White   ☐ Black/African American   ☐ Asian   ☐ American Indian or Alaskan Native   ☐ Native Hawaiian or other Pacific Islander

AGENCY USE ONLY

CASE ID #	CHILD CARE CASE MANAGER	SUCCESS ID #	MAXSTAR ID #

CASE DISPOSITION			
☐ APPROVED	☐ DENIED	☐ PENDING	☐ WITHDRAW
DATE:	DATE:	DATE:	DATE:
IF SO, REASON:			
Date Form 60 received:			

ATTACHMENT 2.4.1

CHILDCARE AND PARENT SERVICES
MAXIMUM ALLOWABLE FAMILY ENTRY AND ONGOING
INCOME AND FEE SCALE
Effective 09/01/2010

Maximum Allowable Family Income for CAPS Ongoing Eligibility	
Number in the Family Unit	Gross Annual Income Limit*
1	$ 16,640
2	$ 22,400
3	$ 28,160
4	$ 33,920
5	$ 39,680
6	$ 45,400
7	$ 51,200
8	$ 56,960
9	$ 62,720
10	$ 68,480
11	$ 74,240
12	$ 80,000

Weekly Assessed Family Fee

Annual Income	Number of Children in the Family Unit Receiving Care											
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
0 - 3,600	0	0	0	0	0	0	0	0	0	0	0	0
3,601 - 6,000	9	12	14	16	17	18	18	18	18	18	18	18
6,001 - 9,600	15	18	22	26	28	30	30	30	30	30	30	30
9,601 - 12,000	18	23	28	32	35	37	37	37	37	37	37	37
12,001 - 14,400	22	28	33	39	42	44	44	44	44	44	44	44
14,401 - 16,800	26	32	39	45	48	52	52	52	52	52	52	52
16,801 - 19,200	30	37	44	52	55	59	59	59	59	59	59	59
19,201 - 21,600	33	42	50	58	62	66	66	66	66	66	66	66
21,601 - 24,000	37	46	55	65	69	74	74	74	74	74	74	74
24,001 - 26,400	41	51	61	71	76	81	81	81	81	81	81	81
26,401 - 28,800	44	55	66	78	83	89	89	89	89	89	89	89
28,801 - 31,300	48	60	72	84	90	96	96	96	96	96	96	96
31,301 - 33,600	52	65	78	90	97	103	103	103	103	103	103	103
33,601 - 36,000	55	69	83	97	104	111	111	111	111	111	111	111
36,001 - 42,000	65	81	97	113	121	129	129	129	129	129	129	129
42,001 - 48,000	74	92	111	129	138	148	148	148	148	148	148	148
48,001 - 50,000	77	96	115	135	144	154	154	154	154	154	154	154
50,001 - 55,000	85	106	127	148	159	169	169	169	169	169	169	169
55,001 - 60,000	92	115	138	162	173	185	185	185	185	185	185	185
60,001 - 65,000	100	125	150	175	188	200	200	200	200	200	200	200
65,001 - 72,000	111	138	166	194	208	222	222	222	222	222	222	222
72,001 - 76,000	117	146	175	205	219	234	234	234	234	234	234	234
76,001 – 82,000	126	152	189	220	252	284	284	284	284	284	284	284
82,001 – 88,000	135	169	203	236	271	305	305	305	305	305	305	305
88,001 – 94,000	145	181	217	253	289	325	325	325	325	325	325	325
94,001 – 100,000	153	192	231	269	307	346	346	346	346	346	346	346

ATTACHMENT 2.7.1
ZONE ONE
(Effective 7/2006)
Childcare and Parent Services (CAPS) Maximum Reimbursement Rates

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

Zone 1		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week) (Care for 3 or more days per week)	Infants (newborn-12 months)	$139.00	$110.00	$90.00
	Toddlers (13-36 months)	129.00	100.00	85.00
	Pre-School (3-5 years)	114.00	96.00	75.00
	School Age (6 years and up)	110.00	80.00	75.00

Zone 1		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day) (Care for 1 or 2 days per week)	Any age allowed in CAPS	$37.00	$27.00	$23.00

Zone 1	Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)	$65.00	$51.00	$50.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.

Zone 1
(EFFECTIVE 7/2006)

CAMDEN	**FORSYTH**
CHEROKEE	**FULTON**
CLAYTON	**GWINNETT**
COBB	**HALL**
DEKALB	**HENRY**
DOUGLAS	**PAULDING**
FAYETTE	**ROCKDALE**

ZONE TWO
(Effective 7/2006)

Childcare and Parent Services (CAPS) Maximum Reimbursement Rates

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

Zone 2		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week) (Care for 3 or more days per week)	Infants (newborn-12 months)	$94.00	$80.00	$61.00
	Toddlers (13-36 months)	88.00	75.00	60.00
	Pre-School (3-5 years)	83.00	75.00	58.00
	School Age (6 years and up)	83.00	75.00	60.00

Zone 2		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day) (Care for 1 or 2 days per week)	Any age allowed in CAPS	$26.00	$22.00	$20.00

Zone 2	Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)	$55.00	$53.00	$50.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.

Zone 2
(EFFECTIVE 7/2006)

BALDWIN	**DAWSON**	**LOWNDES**	**PEACH**
BARROW	**DOUGHERTY**	**LUMPKIN**	**PIKE**
BARTOW	**EFFINGHAM**	**LEE**	**PULASKI**
BIBB	**FLOYD**	**LIBERTY**	**PUTNAM**
BRYAN	**GLYNN**	**MADISON**	**RICHMOND**
BULLOCH	**GORDON**	**MCDUFFIE**	**SPALDING**
BUTTS	**HARRIS**	**MERIWETHER**	**TIFT**
CATOOSA	**HART**	**MORGAN**	**TROUP**
CHATHAM	**HOUSTON**	**MURRAY**	**WALTON**
CLARKE	**JACKSON**	**MUSCOGEE**	**WHITFIELD**
COLUMBIA	**JONES**	**NEWTON**	
COWETA	**LAMAR**	**OCONEE**	

Draft for Public Comment – April 2013

ZONE THREE
(Effective 7/2006)

Childcare and Parent Services (CAPS) Maximum Reimbursement Rates

(Rates allowed, not to exceed provider's charge or as defined by CAPS policy)

Zone 3		Formal Child Care Arrangements (Regulated)		Informal Care Arrangements (Unregulated)
(See List of Counties on Back of Page)		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Full Time Care (Per Week) (Care for 3 or more days per week)	Infants (newborn-12 months)	$74.00	$70.00	$50.00
	Toddlers (13-36 months)	70.00	65.00	47.00
	Pre-School (3-5 years)	70.00	65.00	46.00
	School Age (6 years and up)	69.00	65.00	45.00

Zone 3		Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Part-Time Care (Per Day) (Care for 1 or 2 days per week)	Any age allowed in CAPS	$21.00	$19.00	$15.00

Zone 3	Center-Based Care and Group Home Care	Family Child Care	Non-Relative & Relative Care
Before & After School Care (Per Week) (Includes Pre-K, Head Start, or Kindergarten Wrap-Around or Ages 6 and up)	$39.00	$35.00	$34.00

Negotiated Rate (Per Week)	Child care for one child with one provider that occurs over more than one time period (some weekdays and a weekend day, for example) but is 4 to 5 days per billable week should have rate negotiated rather than two separate rates with separate certificates. The negotiated rate for care 3 to 5 days can equal the full time care rate, but should not exceed the full time care rate per week. If care exceeds 5 days per week, negotiated rate may exceed full time care rate but should not exceed the full time care rate added to the per day rate.

Zone 3

(EFFECTIVE 7/2006)

APPLING	COOK	HEARD	POLK	TWIGGS
ATKINSON	CRAWFORD	IRWIN	QUITMAN	UNION
BACON	CRISP	JASPER	RABUN	UPSON
BAKER	DADE	JEFF DAVIS	RANDOLPH	WALKER
BANKS	DECATUR	JEFFERSON	SCHLEY	WARE
BEN HILL	DODGE	JENKINS	SCREVEN	WARREN
BERRIEN	DOOLEY	JOHNSON	SEMINOLE	WASHINGTON
BLECKLEY	EARLY	LANIER	STEPHENS	WAYNE
BRANTLEY	ECHOLS	LAURENS	STEWART	WEBSTER
BROOKS	ELBERT	LINCOLN	SUMTER	WHEELER
BURKE	EMANUEL	LONG	TALBOT	WHITE
CALHOUN	EVANS	MACON	TALIAFERRO	WILCOX
CANDLER	FANNIN	MARION	TATTNALL	WILKES
CARROLL	FRANKLIN	MCINTOSH	TAYLOR	WILKINSON
CHARLTON	GILMER	MILLER	TELFAIR	WORTH
CHATTAHOOCHEE	GLASCOCK	MITCHELL	TERRELL	
CHATTOOGA	GRADY	MONROE	THOMAS	
CLAY	GREENE	MONTGOMERY	TOOMBS	
CLINCH	HABERSHAM	OGLETHORPE	TOWNS	
COFFEE	HANCOCK	PICKENS	TREUTLEN	
COLQUITT	HARALSON	PIERCE	TURNER	